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The Canadian Medical Review

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Vol. VIII.

JULY, 1898. - Dec

No. 1.

“APENTA”

THE BEST NATURAL APERIENT WATER.

BOTTLED AT THE SPRINGS, BUDA PEST, HUNGARY.

APENTA WATER IN THE TREATMENT OF OBESITY.

“The *Berliner klinische Wochenschrift* for March 22, 1897, speaking of some experiments made under Professor Gerhardt's direction in the Charité Hospital as to the value of Apenta water in the treatment of obesity, says that such experiments could not be carried out until quite recently, on account of the inconstant composition of the bitter waters coming into the market. In this respect, the Apenta water is favourably circumstanced, and it was chosen for these observations because of its constancy of composition. The conclusions arrived at as to the value of Apenta in the treatment of obesity, and as to its influence on tissue-change, were that it succeeded in producing a reduction of fat in the body without detriment to the existing albumen, and that the general health of the patient suffered in no wise, and the cure ran its course in a satisfactory manner.”—*New York Medical Journal*, Feb. 5, 1898.

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THE Canadian Medical Review.

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Vol. VIII.

TORONTO, JULY, 1898.

No. 1

Original Communications.

Vicarious Urination (?)

BY DR. A. T. RICE, Woodstock.

The case, the history of which I wish to bring before you to-day, is of such a unique character that for a better name I have appended to it that of Vicarious Urination.

I trust that subsequent discussion by the members present will help to solve what to myself and other medical gentlemen who saw the case was somewhat of a mystery.

The patient, aged 30, daughter of a farmer, of somewhat nervous temperament and rather weak intellect, was attacked about three years ago with cystitis of two or three weeks' duration, the attack being somewhat severe, there being complete atomy of the bladder, necessitating the use of the catheter during that period.

This attack gradually subsided though considerable tenderness remained lasting even up to the present time.

One year after this attack she was again laid up with what this time took the form of involuntary twitchings or spasms of the whole body emanating from the dorsal region over which portion of the spine there was a good deal of tenderness. These spasms were so severe as to confine her to bed for some weeks.

Accompanying this attack there was a number of discolorations of the right leg and thigh extending almost entirely over the limb, but without tenderness. This, after a few weeks, gradually disappeared and the patient regained her ordinary health.

About one year ago the atony of the bladder returned and the patient was again obliged to resort to the use of the catheter three times a day, about half an ounce being drawn each time.

During this time her general health suffered severely, the bowels being extremely constipated, appetite poor, mucous patches in the mouth and breath foul.

No amount of treatment seemed to have the slightest effect upon these abnormal conditions. The twitchings or spasms also returned and continued throughout.

About the first of August the feet began to swell slightly, though not sufficient to incommode her to any extent.

At this time a peculiar complication set in and the main one to which I wish to call your attention.

The secretion of the bladder gradually diminished, but was compensated for by an exudation of fluid from the anterior portions of lower limbs between the knee and ankle. This fluid was voided regularly three times a day, the amount gradually increasing, the average being about thirty to forty ounces per day.

The fluid simply oozed from the skin without any abrasion of the skin or discoloration or even the slightest cedema being present.

The patient would realize that the fluid was about to begin and would place her feet upon a stool and a dish beneath her heels.

I happened to be present at one time when it began and can therefore vouch for the correctness of the statement.

The fluid was of an amber color similar to healthy urine, Sfs. gr. 1010, an absence of albumen or sugar, had a strong smell of urine upon boiling, with a distinct ammoniacal smell after standing. Examination also showed the presence of uric acid.

After this symptom showed itself the patient's health rapidly improved and became fairly well established so that she had little to complain of except the inconvenience caused by this peculiar phenomenon.

From my notebook I have taken the following data :

September 31st, 1897.—The patient passed three quarts to-day by measurement.

September 23rd.—Patient passed seventy ounces this morning at one "sitting." This condition until October 2nd, when the patient "passed" one gallon in half an hour in the morning followed by one

pint at 11 a.m., when it suddenly ceased altogether and began to pass through the urethra, first in small quantities every few minutes, followed by five to six quarts the first night. After this the natural condition gradually became established, but the patient became again very ill, the spasms reappeared, accompanied by headache, swelling of feet and great swelling of the face.

This condition remained for about a week when the symptoms gradually disappeared and the patient regained her usual health which has continued until the present time.

I might say, that during the last two weeks when the flow was excessive through the shins the bladder remained quite empty and the use of the catheter was stopped as no urine could be obtained at any time.

Question.—What was this? Was it Vicarious Urination? If so, how is it to be explained? Through what channel did it travel? What the pathological condition?

The fluid certainly stood all the tests for urine, resembled urine, and its elimination from the system through this peculiar channel permitted the patient to live.

Dr. Mearns saw the patient in consultation with me, and I have explained the case to a number of gentlemen, but all are equally at sea with myself.

I wrote a history of the case to Prof. Guiteras, Genitourinary Surgeon, of New York Post Graduate School, who took a great interest in the case, but stated that he had never heard of such a case.

The only case bearing any resemblance to this was one that occurred in the practice of Dr. Clement, of Woodstock.

This occurred in an old lady in which each winter for six years the secretion of the bladder stopped and all of the urine exuded through the skin in the form of perspiration; the patient died after the sixth year.

The foregoing is a plain statement of what, to me, was a unique case which baffled me from first to last, both as to diagnosis and treatment, and I hope that in the discussion to follow some gentleman may be able to throw light upon a peculiar phenomenon, or will we be obliged to admit that some of the vagaries of the human system are past our finding out?

Abstracts from Dr. Britton's Address.

PRESIDENT OF ONTARIO MEDICAL ASSOCIATION.

THIS brings me to the subject to which, for a few minutes, I wish to direct your attention, viz., the present relationship of the profession to the public at large; and, as a pre-eminent factor thereof, the standing of the profession itself, viewed, as much as in me lies, from an impartial standpoint.

Not self-constituted as such, but in the very nature of things, he who enters upon a medical career is compelled by the peculiarity of his calling to recognize himself as a guardian of the common weal, prompted by instincts the loftiest and motives superior to mere selfishness or ardent longings for the accumulation of wealth. The people claim, and rightly so, the devotion of his unflagging energy to the physical welfare of those to whose necessities he is called upon to minister. Not this alone, but his avocation stands upon a still higher plane than the relationship to the individual; the world at large is the scientific physician's parish, and its defects the supreme object of his best thought; never satisfied with what has already been accomplished by others, his leisure moments are occupied in striving to solve the problem of nature; often unsuccessful, but never without that reward which invariably follows the pursuit of the true and abiding. A Jenner, a Simpson, a Koch or a Lister once in a while towers aloft as some snow-capped Alp in the light of the rising sun invested with all the majesty of a noble creation. These intellectual giants few can ever hope to emulate; but, from the history of their lifework, the lowest and most obscure may draw such inspiration as glorifies labor with high ideals and fills the heart with burning desire for the good of others. Community of interest so intimately links the profession and the laity that it seems not unbefitting for me to dwell for a little on some features of human-life family, social and educational, as we see them in this Province of Ontario; and, in so doing, if I should indulge in a little criticism, do not for a moment imagine that I am posing as the stalwart exponent of some great reformation. Much that I shall say has already been better said and written, my object being repetition for the sake of added testimony and emphasis.

During the past two or three generations there has been in progress amongst our people a certain kind of questionable evolution—intellectual development somewhat out of proportion to physical force and endurance. Our grandparents were a hardy stock, well furnished physically for coping with life's difficulties. In those early days of

migration from the old lands Canada was to them a far-off, unknown country, clad in its primeval forests; and, to reach its shores, they had to undertake an ocean voyage in sailing vessels often badly equipped for the stormy journey. The weak and puny dared not venture; consequently, by natural selection, Ontario was peopled with a sturdy race of pioneers blessed with great physiques, living in a primitive, natural fashion, and free from the burden of too much scholastic training. *Pari passu* with the financial advancement of the country, a gradual change has been going on in these respects; let us inquire if it is for the better.

Herbert Spencer never said a truer word than when he affirmed that "first attention should be devoted to the development of the body, and that profound erudition should be looked upon, in some senses, as of secondary importance." True education can be nothing more nor less than that which prepares mentally and physically for the oncoming struggle. It is fortunate for the race that young men naturally choose for their helpmates rollicking, buxom damsels in preference to the sunken-eyed, sallow-faced slaves of knowledge. I do not for a moment seek to enter a protest against the higher education of woman; mental culture is, for her, a diadem of beauty; but too often a possession acquired at tremendous cost. None but the strongest should, in my opinion, enter on a career of study so exhaustive and exacting as the curricula of our universities set down. A head full of knowledge and a worn out nervous system are but poor qualifications for the coming mothers of Canada's sons. We as a people are proud of our Ontario school system; that it is largely taken as a model by the Provinces of Quebec, Manitoba and British Columbia and the North-West Territories, and has been highly commended by the foremost educationists of the United States, among them the Commissioner of Education at Washington, is a tribute to the wisdom and foresight of those who have placed able administrators at the head of this department of public affairs; but, like all things of human origin, we must not look for perfection in its details. From the physician's standpoint I humbly submit that it is handicapped with a defect of such magnitude as to alarm him who weighs well the possibilities of the future. The standards of to-day reach so far above those of a couple of generations back that evolution along the line appears to have advanced at a galloping rate. Is it not time to tighten the reins? Are not children sent to school at far too early an age to stand the fatigue of bookwork? The first seven or eight years of life should be free from care and worry and devoted exclusively to such pleasurable pursuits as shall conduce, in the highest degree, to the development

of bone and muscle ; for, during this period, the nervous system will have plenty to do in automatic preparation of itself for the subsequent performance of its special duties. Parents and teachers leap for joy when a five-year old manifests his precociousness ; and the nervous little monster is held up by his attenuated arms in the sight of his phlegmatic or sanguine classmates as a paragon of perfection angelic to behold, when he should be making mud pies and wearing out his pantaloons in the physical activities of childhood.

Unless the vision be tested too much with small objects, no one can take exception to the work of the kindergarten ; for its essence is agreeable discipline, the training of the faculty of observation and the directing of memory in preparatory channels without forcing its exercise ; in a word it is child's play made systematic.

In the ordinary schools, homework, as a rule, is made a burden too heavy to be borne with safety—when the pupil has finished the task there remains insufficient time for rest and recreation, and it is no unusual thing to find the problems of the evening in advance of what already has been thoroughly taught. It would appear at times as though the schoolroom were transformed into a hall of inquisition for the purpose of discovering how much the pupil has failed in his home study, instead of being the place for intelligent education in harmony with the order of development of the mental faculties.

It is to be hoped that, ere long, in the advanced classes of the collegiate institutes as well as in our universities, competitive examinations will cease to be so stiff that victorious combatants emerge from the conflict proud of their conquests ; but, as likely as not, to fall into the hands of the doctor for repairs—sometimes too late—for often the foundation has already been laid for a neurasthenic superstructure. I am not speaking theoretically, but am setting forth those things with which, professionally, I have had to deal.

Let us propound to ourselves the question—why is insanity, especially that of adolescence, together with kindred forms of nervous disorders, on the increase ? And, having solved it to our satisfaction, let us give the community the benefit of the investigation. The emulation and everlasting strife for a place in the front ranks of society, financially and socially, constitute doubtless a potent factor ; but let us not forget that this restless activity is often born of the habits engendered long prior to manhood.

Functional excess is always at the expense of defective reparative power. An extraordinary organ is the brain—a tired muscle refuses to work, an over-wrought mind declines to take repose—the ploughman, after having “homeward plodded his weary way,” sinks into

sweetest slumber, while the over-taxed student is, too often, the victim of insomnia with all its hideous reveries.

Someone has well said that the bulwarks of a nation consist not in strong fortresses erected on its boundaries, nor does its stability depend upon mighty navies that traverse every sea ; but its security lies in the keeping of intelligent men and women who have sound and rugged bodies ever ready to repel the inroads of disease.

It is a matter for congratulatory reference that Governmental assistance, municipal aid and private contributions, prompted by appeals from the profession and under its guidance, have dotted the land with hospitals for the reception of the poor and needy, as well as for the convenience of the opulent, and that these institutions are accomplishing a great work in the interests of all classes ; but it is to be deplored that, under the guise of poverty, daily abuse is made of the privileges that philanthropic motives have provided for the deserving poor.

Here the attending physicians discharge responsible and onerous duties without hope or expectation of reward, other than that which might be expressed in Portia's words paraphrased—"Charity is twice blessed : it blesses him who gives and him who receives," but gratuitous services to those who are quite able to remunerate are not a blessing but a pauperizing curse to the recipients.

It is stated by no less an authority than the *Medical Record* that the number of persons who received free medical and surgical relief at the hospitals and dispensaries of New York during the past year amounted to 49.7 per cent. of the entire population, and that fully 70 per cent of this number were quite able to pay a medical practitioner at least a moderate sum for his services ; and no member of a hospital staff in Ontario will deny the fact that the evil exists here. How this difficulty is to be met it is hard to determine ; but some effectual check should be placed on a custom so fraudulent in character. As a rule, before admittance is granted to a free ward, a certificate is required from a clergyman or other reliable citizen to the effect that the case is one deserving charitable consideration ; and, it seems to me that, were such a law extended so as to include those seeking out-door advice or attendance, the evil would be much mitigated. It is, of course, understood that exceptions would be made in cases of emergency and amongst those who are utter strangers in the municipality. I would suggest that a representative committee be appointed whose duty would be to make full inquiry as to the best method of minimizing these positions and with instructions to report to this Association at its next annual meeting.

My immediate predecessor denounced in forceful language the universal existence of lodge attendance; I can only emphasize the remarks that fell from his lips. To contract work, on the ground of principle, none could fairly take serious exception, provided always that the contract price is fully commensurate with the value of the work done; but to bring about such a condition of things will be accomplished only when the dignity of the profession rises superior to that which is accounted merely expedient; for, so long as medical men are willing to accept the beggarly pittance of one hundred and fifty dollars a year or less for looking after the health of a hundred members of some lodge or other, with the hope of securing thereby professional entree into their family circles, just so long will this financial snap prove to be one of the strongest drawing cards in the hands of fraternal societies.

I do not feel free to denounce the individual transgressor to the lowest depths—the custom is everywhere; and often, contrary to his nature, for self-protection he is forced into this objectionable line of work. Still, after all, it is at best the same old lame excuse: "If I don't do it, others will." With all my heart and soul I stigmatize the system as a rotten plank in the platform of gentlemanly dignity and independence.

We have, in this country of ours, an array of medical men and a galaxy of schools of medicine and surgery that would be a credit to any land under the sun. For all that, one is forced to lament the fact that, in a certain sense, their light may be hidden under a bushel. I refer particularly to the non-production of home-made medical literature. Thirty or forty years ago our special knowledge was derived from the writings of men in the mother land; since that time our cousins across the line have been forging ahead so rapidly that, to-day, in any medical library are to be found almost as many volumes of their production as those that come across the Atlantic; and, amongst the best of these, are those whose authors were formerly Canadian citizens, but who, in search after larger spheres of activity, have gone over to the Republic.

We have a few noted exceptions—workers who have had the courage to venture out on this field of labor—and their writings have met with much favor and appreciation. There are many others who have been richly endowed by nature, and possess the knowledge requisite for the purpose, but a single obstacle in the way—lack of self-confidence—has hitherto deterred them. Personally, I hope to see the day when our students will have in their hands first-class books, emanating from those of the profession in Canada who

have the genius of imparting their thoughts in a form alike striking and attractive.

Should this company formally express its convictions as a stimulus I cannot believe that I am allured by an *ignis fatuus* when I predict that ere we meet again in happy conclave we shall see further evidence that the hardy sons of the North are determined that our country shall stand side by side with those that have given to the world medical works worthy of closest perusal, accepted as standards and a credit to the authors.

A few years ago, for reasons best known to themselves, the members of the Ontario Cabinet indirectly assumed the responsibility of annulling that clause of the Medical Act which made provision for the framing of a tariff in each electoral district ; such scale of charges to be authoritative after endorsement by the Council of the College of Physicians and Surgeons.

I was given to understand at the time that Sir Oliver Mowat expressed the opinion that the system was objectionable owing to the lack of uniformity amongst these various tariffs, emanating, as they did, from as many council constituencies. In my humble opinion, on close investigation, this could not be held as a valid reason. The urban and pioneer settlements of the Province are vastly different so far as the financial resources of the people are concerned ; a uniform tariff would either press too heavily on some or be inadequate for the circumstances of others, and, therefore, could not be as fair as those which were in existence.

We all know that during that session of the House there was not a little influence exerted by a certain clique or section of the Legislature, which promulgated the doctrines of extreme radicalism and was largely founded on the principles of iconoclasm. A prominent feature of its policy was obnoxious opposition to all kinds of class legislation, and the doctor was labelled a parasite in the community. Zeal, not born of knowledge, used all available means to secure destruction of the tariff. How much their efforts conduced to the ultimate result I do not know, but speedily the tariff became a thing of the past, and, as a consequence, the judges of the land are left without any recognized guide in estimating the value of services rendered, for which compensation might be sought in the courts.

A petition to the Government, asking for redress of this grievance and directing attention to other matters of moment was circulated last year amongst the profession by order of the Medical Council. It obtained nearly two thousand signatures and was presented in due form, but the understanding given to the Committee

of Legislation was that the complexion of the house was such as to render, for the present, any amendment to the Medical Act inexpedient.

I have always been, and am to-day, a consistent supporter of our administration; therefore, it will, I trust, be conceded that I speak from an unprejudiced standpoint; but I must say that we, as a profession, cannot afford to be deprived of that which was our honestly acquired possession, a privilege the abuse of which has rarely been assailed and never proven. Let this Association not forget that it wields a tremendous influence politically. I appeal to its members, as well as to those of the profession who have not yet entered its ranks, to account it their individual and combined duty to lay before their representatives in Parliament the exact facts of the case in order to have a speedy restoration of their rights.

COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.—As a result of the elections held, the new board will be constituted as follows: *District of Montreal*—Dr. C. Marshall, Bedford; Dr. C. L. Cotton, Iberville; Dr. E. N. Chevalier, Joliette; Dr. M. S. Boulet, Montreal; Dr. T. Cypihot, Ottawa; Dr. E. L. Quirk, Richelieu; Dr. E. H. Provost, St. Hyacinthe; Dr. E. Turcot, Terrebonne; Hon. Dr. D. Marcil. *City of Montreal*—Dr. J. E. Baril, Dr. L. J. V. Cleroux, Dr. J. I. Desroches, Dr. Girard, Dr. A. R. Marsolais, Dr. J. A. Macdonald. *District of Quebec*—Dr. T. Fortier, Hon. Dr. R. Fiset, Dr. P. E. Gaudbois, Dr. S. Bolduc, Dr. Jules Constantin, Dr. J. M. Ladriere, Dr. M. Brophy. *City of Quebec*—Dr. J. P. Boulet, Dr. F. X. Dorison, Dr. C. Gingras, Dr. A. Jobin, Dr. C. C. Sewell, Dr. A. Vallee. *District of Three Rivers*—Dr. L. J. O. Sirois, Dr. L. P. Normand, Dr. E. F. Panneton. *District of St. Francois*—Dr. P. Pelletier, Dr. A. N. Worthington, Dr. T. L. Brown. As a result of this meeting, the administration was thoroughly reorganized, the following officers being elected: President, Dr. E. P. Lachapelle, Montreal; First Vice-President, Dr. Clark, Dean of the McGill Medical Faculty; Second Vice-President, Dr. Calettier, Quebec; Secretary, Dr. J. A. Macdonald, Montreal; Treasurer, Dr. Jobin, Quebec; Registrar, Dr. A. R. Marsalars, Montreal, in place of Dr. Beausoleil, who was defeated.

At a recent meeting of the Société de Biologie of Paris, M.M. Bergonie and Sigalas stated that as a result of recent investigations they had found the superficial area of the human body to be 16,206 square decimeters (17.4 square feet).

Society Reports.

International Association of Railway Surgeons.

THE eleventh annual meeting of this Association was held in this city July 6th, 7th and 8th, in the buildings of the Department of Education, and was largely attended by a brainy and astute aggregation of surgeons connected with the railway system of this continent. Representatives came from Texas on the Mexican border and from as far west as Medicine Hat, N.W.T. Dr. Bruce L. Riordan, of Toronto, was elected President for next year.

Dr. Bruce L. Riordan, as Chairman of the Committee of Arrangements, opened the meeting shortly after ten o'clock, and called upon the President, Dr. George Ross, of Richmond, Va., to take the chair.

Rev. Dr. McCaughan then opened the meeting with prayer.

The reading of the minutes was dispensed with, and proposals for membership followed. Dr. E. R. Lewis, of Kansas City, the Treasurer, read his report, which dealt with this question. During the past year 886 registrations have been made, 447 registrations having taken place for the present year, making a total of 1,199 registrations since the books of 1897 were closed. This is the best beginning of any year in the Treasurer's experience.

"Notwithstanding the humanitarian war our States are to-day engaged in," said the report, "our members are, without exception, deeply interested in our philanthropic work, and the large increase in our Canadian membership insures our continued proud position as the strongest surgical organization in the world known to the undersigned."

Dr. Lewis then discussed the finances of the Association. "Four years ago," he said, "when we were elected treasurer, our indebtedness was about five hundred dollars. To-day, July 1st, we have in the treasury about \$833.65, with but few bills to be deducted." They had at the moment, Dr. Lewis added, about \$1,200 or \$1,300 in cash on hand. The report was dealt with through the usual channels.

PHYSICAL EXAMINATION OF EMPLOYEES.

Dr. G. P. Conn, of Concord, N.H., read his paper. After quoting the dictum that the common carrier is liable to all losses sustained through its own neglect, but is not an insurer, Dr. Conn pointed out that the corporations owe duties to their servants, and from this deduced the theory that the railway companies should take pains to

educate its employees. Extra hazardous labor requires extra diligence and care in the selection of employees, and the proper instruction and information of these employees, he said. From a recent decision in New Hampshire he made the following deduction: "This shows that employees occupying responsible positions, such as require the organs of vision and hearing to be acute, their habits and mental faculties to be without fault or blemish, must from time to time be examined by those competent to determine their fitness to perform their service without danger to themselves, their fellow-servants or the public.

After saying that railway surgeons, especially those who are on lines with some form of a surgical organization, should be anxious to have their road effective in this particular, Dr. Conn went on to argue on behalf of a physical examination of applicants for positions on railways. His position was as follows: "(1) That a rigid physical and mental examination should be instituted before allowing new recruits to enter the service of railroads; (2) all roads should have a school of instruction in which new recruits should be thoroughly drilled in the work which they are to perform, so as to bring out the best results of all safety appliances and also those intended to supply the heating, lighting, ventilating and cleaning of cars; the intention of this being to simply enlarge the school of instruction in the use of automatic brakes that is now practised on most large roads, and which might without much additional expense be made a part of the standard of education; (3) that the recruit after being thoroughly instructed in every duty that can in any way serve to render the lines and property of all concerned more nearly safe and comfortable, and having passed an examination, he should be advised of the fact that in taking service upon a railroad he is entering upon a vocation extra hazardous in its nature, but, having been thoroughly instructed in his work and given an opportunity to learn its duties, he must take a certain amount of chance of his life and limb without recourse or damages."

Dr. Conn stated in amplification of these points that he would have the examination as vigorous as that for the United States army.

The discussion which followed was of considerable length. Dr. H. L. Getz, of Marshalltown, Ia., emphasized the need for a rigid examination. The ordinary examinations for sight and hearing were useless, he said; the men should be stripped and thoroughly examined. Dr. W. S. Hoy, Wellston, O., observed that his State has adopted a physical examination. Dr. Currie, of Toledo, spoke of the methods adopted. Dr. Pepler, of Toronto, concurred in Dr. Conn's suggestions. Dr. Hungate, of Nebraska gave two or three specific instances which bore out Dr. Conn's point. Dr. W. D. Middleton, of the Rock

Island Line, stated that it had found it necessary to adopt a physical examination. Dr. J. M. Dodson, professor of physiology in the Rush Medical College, Chicago, raised the question as to whether the average doctor is competent to conduct such an examination. He suggested that instruction in the diagnosis of the normal subject be included in the curriculum of the medical college.

AFTERNOON SESSION.

The Association opened its session at 2.30 o'clock. Some business was transacted, a number of committees being appointed.

THE PRESIDENT'S ADDRESS.

The President, Dr. L. J. Mitchell, of Chicago, then read his annual address. After a general introduction and a reference to the wonderful achievements of medical and surgical science, he passed to a consideration of the means taken by railway corporations to cope with disasters. He referred to the special duties which fall upon the railway surgeon, and expressed his pleasure at the recent change of the Association's name to "International." He expressed his pleasure at meeting in Toronto, of which he spoke in terms of warm praise. He concluded with a reference to "the half-prophetic declaration recently made by the Hon. Mr. Chamberlain," and a hope that Mr. Chamberlain's forecast would come to pass. "Nothing, surely, can be more conducive to an end so desirable as such gatherings as this, in a city extending such warm and cordial greetings as Toronto has extended to us."

THE SURGEON IN COURT.

A pregnant and deeply interesting address was given by Mr. B. B. Osler, Q.C., one of the counsel of the Grand Trunk Railway, upon "The Surgeon in Court." In nearly all important cases connected with railway work the counsel and surgeon had their positions; the corporation was in their hands. He noted one great advantage which the counsel had over the doctor. The counsel was paid his fee, was expected to show his bias, and was not under oath. The surgeon was paid his fee and still was expected not to show bias, was expected to conceal it—under oath. (Laughter). It was a very difficult task, Mr. Osler said. The surgeon had at bottom his honesty and sense of professional propriety, and yet was retained as the professional adviser of the railway corporation whose interests were committed to his hands. He had to consider his position, and had to be ready for cross-examination, sometimes at the hands of a counsel who had

studied more law and facts than ethics. (Laughter.) He had to meet the claims lawyer and the claims physician. It was matter of comment in the profession that doctors rarely agreed, that they often differed as widely as counsel, though they were under oath. It was one of the hardest positions a doctor could occupy, and he had seen, Mr. Osler observed, amid laughter, doctors wishing themselves in the foulest sick room rather than in the pure atmosphere of a well ventilated court room.

The surgeon had to bear in mind, Mr. Osler went on, that in his duty to the sick and maimed that were under his care some difference arose from the fact that he had not been called in by the sick man or his relatives, but had been sent as the railway surgeon, sent by the corporation. His duty was at once to the corporation and to the sufferers immediately under his care. There was, however, no privity between the patient and the doctor in such cases. The doctor owed two loyalties, one to the patient, one to the corporation. If it was only to the patient there were many things the doctor ought not to tell, but owing a duty as he does to the corporation, he must report many things which were pertinent. In that case it was no breach of professional etiquette or propriety for the surgeon to reveal these facts. It would be such a breach if the physicians had been called in by the patient or his friends; but being in the corporation's pay, as long as the patient's friends chose to leave him under his care, his first duty was to the corporation. In such a case they were at liberty to give information which it would be improper for them to give if they were there only in the interests of the patient. In Ontario the relations of physician and patient were not privileged. In court they must consider the fact that privilege does not exist, and that they were bound to answer all questions in relation to the sufferer and claimant. The courts of Ontario had decided that where the employer engaged the surgeon he was entitled to the information that relates to the case.

The question of expert testimony, Mr. Osler went on, had passed almost into a current joke. In his experience, the difficulty was not so great, and was being greatly removed. In his experience there was no better way yet devised of getting at the truth than cross-examination and the placing of opposing experts in the box. Alluding to the expedient of appointing medical experts by the court, Mr. Osler observed that to some extent this was done in Ontario. A medical expert so appointed by the court could afterwards be called by one side or the other as witness. To make such an expedient complete, Mr. Osler observed, the report of an expert so appointed should be received as a finality, and so end the medical controversy. He did

not think that this would be a better plan, though it would be more pleasant for the medical profession. The object of cross-examination was to get at the truth. There might be a hundred men who could make a report, and only ten who could stand cross-examination. The medical profession should try to eliminate that which had caused it to make a bad appearance before the public. He offered one or two suggestions as to how this might be done. First, any doctor going into the box to testify in chief should remember that there was a counsel on the other side who was crammed for the occasion, and who, perhaps, had a better knowledge of some of the details of the physical surroundings than the doctor had, through lapse of time. Thus, in the cross-examination, the lawyer might appear to know more about the matter than the doctor. The first duty of the physician was to prepare himself for the cross-examination, to freshen up on the subject. Then a doctor should have courage now and then to say, "I don't know." It would do him no harm; in fact, it would do him a great deal of good, for the man with courage enough to say that would be the more apt to be believed as to what he said he did know.

The scandal of opposing expert testimony was being diminished year by year, Mr. Osler went on. The real remedy lay in the tone of the profession in a high sense of professional responsibility. They were getting it more and more every year through the Medical Associations and the tone which they gave. When a man found that he could not be elected to positions of honor by his fellows, he naturally wanted to know why. They found that a young, energetic doctor, who was going into the box on the side of a claimant, was apt to be much more careful in his evidence when he saw in the court-room a couple of seniors whom he honored and respected.

He had found, Mr. Osler added, in the last two or three cases he had been connected with, no necessity for calling in the railway surgeon, as expert testimony, because the doctors appearing for the claimants had been so moderate and reasonable in their statements of the damages sustained by the claimants. It was to the credit of the medical profession that the difficulty was being steadily overcome by the doctors themselves, by the better tone and standing of the medical profession as a whole.

Mr. Osler spoke for a few moments of the "railway spine" or traumatic hysteria, which causes so much trouble to railway surgeons and to lawyers. "Along the backbone hangs all sorts of frauds," he said, and he gave a graphic picture of how many a hard-pressed man has picked himself up from a minor railway accident with a "Thank God, at last some money is in sight," and has gone home, not to saw

wood, but to get into bed and send for a claims lawyer and a young doctor. The subjective nature of the symptoms made the subject very difficult. His chief suggestion on this point was that the longer trials were deferred the better it was for the railway. Early examination for discovery, before the patient had had time to read up the symptoms, was of the greatest importance, as was early medical examination, to be followed by another such examination near the trial.

The railway surgeon, sometimes, especially the junior, is more or less a claims agent of the railway, Mr. Osler said next. They should never act in that capacity. They should never try to settle for the railway. That was none of their business. It was often convenient for the railway company to have the surgeon do it, but it was best not. The surgeon's duty was to the man before him, and the relationship was such that, though he was a railway agent, he should not be a claims agent. This class of settlement was looked on with grave suspicion by the courts and was often set aside to the great discredit of the doctors concerned.

Mr. Osler finished with a gracefully worded welcome to the visitors. "Remember," he said, in conclusion, "that you are among your neighbors and among your friends—if you will have it."

CHLOROFORM OR ETHER.

Dr. C. P. Gordon, of Dalton, Ga., followed with a paper on "General Anesthesia by Chloroform or Ether." Which? Local anesthesia by cocaine or eucaïne. Which? General or local anesthesia in enucleation or extirpation of the globe of the eye. Which? Dr. Gordon's paper was a vigorous upholding of chloroform as against ether, one feature of it being his declaration of his conviction that the symptoms mentioned in Genesis point to the celebrated removal of the rib from Adam as having been performed under chloroform.

The paper provoked a good deal of discussion. Dr. Fulton, of Kansas, was in favor of the use of chloroform. He pointed out, however, that anyone could administer ether, while it took far more skill to administer chloroform. Dr. W. H. Elliott, of Savannah, Georgia, was in favor of chloroform. Dr. John Eddy, of Olean, N.Y., was of opinion that the indications pointed to the surgical operation mentioned by Dr. Gordon having performed by aid of hypnotism. Dr. A. I. Bouffleur, of Chicago, pointed out instances of the unreliability of chloroform. Dr. Joseph A. White, Richmond, spoke strongly in favor of cocaine. Dr. W. S. Hoy, Wellston, Ohio, suggested that the sense of the meeting be taken as to which anesthetic should be used in selected cases, and Dr. Bouffleur protested against

this being done, as it would tend to commit the Association to a certain plan of treatment. After a good deal of discussion this view of the case prevailed.

FEVER AND THE FEVER STATE.

Dr. F. C. Vandervoort, of Bloomington, Ill., read a paper on this subject, which was a careful and technical review of the subject. He was followed by Dr. W. H. Coffey, Parksville, Mo., with a paper on "Conservatism," in which he laid stress on the need for caution in operating. Dr. W. S. Hoy discussed the subject briefly.

EVENING SESSION.

A musical and complimentary reception was given to the members of the Association, and addresses of welcome were given by Hon. G. W. Ross, Mayor Shaw and Dr. Thorburn.

Dr. Thorburn briefly welcomed the visitors and concluded with a word of hope for the Anglo-American alliance, which was cheered to the echo.

Mayor Shaw, who was suffering from indisposition, added his welcome. He, too, alluded to the Anglo-American alliance, and assured his audience that Canadians are heart and soul in sympathy with the Americans in their present war—a remark which elicited loud cheers.

Hon. George W. Ross was called upon. He expressed in most graceful terms the heartiness of the welcome which Toronto extended to the railway surgeons. He eulogized the profession which they represented and welcomed their American guests in especially warm words. They had decorated the hall in recognition of their guests, and Mr. Ross observed he had never seen so many Stars and Stripes in it as on the present occasion, and never seen the Union Jack and Stars and Stripes so closely entwined. He was glad of it. The Union Jack said to Old Glory, as their guests called their flag: "Let there be no strife between you and me, between my kinsmen and your kinsmen, I pray thee, for we are brothers."

Dr. Ross, the President of the Association, thanked the gentlemen who had spoken, speaking in warm terms of the heartiness of the welcome extended to them and of the eloquence of Hon. Mr. Ross.

THURSDAY MORNING.

"Shock, Its Nature and Pathology," by Dr. F. J. Lutz, of St Louis. This was followed by another paper on the "Pathology of Railway Shock," by Dr. Wyatt Johnston, Montreal.

Dr. H. L. Getz, Marshalltown, Iowa, dealt with the "Varieties and Causes of Shock."

Dr. S. R. Miller, Knoxville, Tenn., contributed a paper entitled, "Is the Symptomatology of Shock in Injuries to the Liver Different from that of Other Injuries of the Same Gravity?"

Dr. Hugh M. Taylor, Richmond, Va., spoke on "The Prevention of Shock."

One of the most interesting papers of the session was that of Dr. J. G. Tuten, Jessop, Georgia, entitled, "Is Shock a Predisposing Cause for the Development of Consumption?"

The last paper before adjournment was read by Dr. DeSaussure Ford, Augusta, Ga., and was entitled "Shock, Railway or Psychic."

AFTERNOON SESSION.

Dr. Wm. Outten, chief surgeon of the Missouri Pacific, opened the discussion when business was resumed in the afternoon. He was followed by Sir William Hingston, Montreal. Sir William regretted that with all modern appliance it had not been found possible to discover where the physical shock ended and the mental began. Referring to the question under discussion, he said that he always maintained that hæmorrhage and shock had nothing in common. They might, however, exist together. In many instances where prostration resulted from shock the patient did not realize that he had anything the matter with him until long after he had recovered from the shock.

Dr. Hugh M. Taylor, Richmond, Va.; Dr. W. F. Trigg, Cumberland, Md.; Dr. C. J. McOscar, Fort Wayne, Ind.; Dr. Taylor, Richmond, Va.; Dr. Jay, Chicago; Dr. Fulton, Kansas City; Dr. Elliott, Savannah; Dr. Moore, Texas; Dr. Conn, Concord, N.H.; Dr. Budd, Minnesota; Dr. Eddie, New York; Dr. Girdlewood, chief surgeon of the C.P.R.; and a number of others, took part in the discussion. Dr. Fulton declared that the use of alcoholic stimulants was always injurious, no matter how administered. He also asserted that shock could not cause consumption. Dr. Eddie took exception to Dr. Fulton's first statement, and declared that he had known of cases where alcohol was used with good results.

Dr. Bouffleur, Chicago, Ill., read a paper on "Cerebral Contusions" at the close of the discussion on "Shock." Traumatism of the head, he said, were very common, and were generally followed by cerebral symptoms. The practice of classifying all cerebral lesions following injury into the cerebral concussion or compression was inconsistent, and usually most unsatisfactory. The etiology, pathology and symptomatology of a large proportion of the cerebral lesions were so iden-

tical with those of contusions in other parts of the body that contusion of the brain should be recognized as a distinct lesion of frequent occurrence.

The term "cerebral concussion," as generally employed, he said, was indefinite, unsatisfactory and inconsistent with modern ideas of pathology and precision. It should in reality be limited in use to those phenomena resulting from the disturbance of the function of the brain by trauma, without the production of gross mechanical lesions of the brain. The slightest manifestation of concussion was due to disturbance of the fluid equilibrium of the brain, and is always of momentary duration and effect. More severe concussions produced a spasm of the vasomotor system, and resulted in the production of signs and symptoms which were identical with and indistinguishable from shock, and which persist until the circulatory equilibrium is restored, and not thereafter. The gross mechanical lesions of the brain produced by trauma with or without fracture of the skull were identical with those of contusion elsewhere. The clinical history corresponded with what they should naturally expect from a contusion of tissues of such delicate structure, and of such specialized function with such anatomic relations. The treatment of contusion of the brain was the same as that of contusions elsewhere, with the special demand for the early treatment of complications. In conclusion, he stated that the term indicated a mechanical disturbance of the circulation of the brain by any lesion which materially increased intracranial tensions.

The paper was discussed by Dr. Outten and Dr. Elliott.

After hearing a paper by Dr. Francis B. Fite, Muskogee, Ind. Terr., on "Surgery Tendons in Infected Regions," the Association adjourned to meet again at nine o'clock next morning.

The Executive Committee decided on Richmond, Va., for the next place of meeting.

FRIDAY MORNING.

The first paper read was "The Pelvic Brim in Diseases of the Pelvic Organs," by Dr. A. L. Fulton, Kansas City, Mo.

Dr. C. F. Leslie, of Clyde, Kansas, read a paper which was a report of a case of "Lightning Stroke, with Accompanying Fracture of Base of Skull." The case was one which Dr. Leslie described as being, as far as he knew, unique. The man was a brakeman, and was knocked off his car by a flash of lightning. The train was running at full speed, and in his fall he sustained a fracture of the base of the skull. A handkerchief which he wore about his neck was cut in two, his watch and chain were melted, and his flesh was lacerated. Not-

withstanding the extraordinary complication of injuries he made a fairly speedy recovery, and is now on the road.

CHOOSING A PRESIDENT.

Dr. F. J. Lutz, of St. Louis, Mo., moved that Dr. Riordan, of Toronto, be the new president. He did so in a graceful speech, which was liberally punctuated with applause. He spoke in warm terms of the splendid manner in which Toronto has treated her visitors, and added, amid cheers, that the Association should in this way show its appreciation of the way in which Dr. Riordan's country had come to the aid of their country and had held back the rest of the world when it was seeking to tie their hands.

Dr. Fulton, of Kansas City, Mo., seconded the nomination.

Dr. W. B. Outten, of St. Louis, made an extended speech, in which he fully acknowledged the glorious reception given to them by Toronto. However, he thought that the interests of the Association would be better served by the election of Dr. A. I. Bouffleur, of Chicago, whom he accordingly nominated. Dr. C. J. McOscar seconded this nomination.

Dr. Fulton raised a question of privilege, noting the grudging manner in which the Association had been treated by the railroads in the matter of transportation, and observing that the one exception had been the Grand Trunk ; that road had treated them splendidly.

Dr. W. S. Hoy, of Wellston, Ohio, drew attention to the feeling of international unity which has marked the meeting. "I must turn my face to the Union Jack," he declared, and he added a warm word of praise for the entertainment accorded them.

The discussion continued for awhile, Dr. J. R. Taylor, of Texas, Dr. M. Jay, of Chicago, Dr. Eddy, of New York and Dr. Lester Keller, of Ironton, Ohio, taking part. The latter gentleman, referring to praise of Dr. Bouffleur's ability, said that "there are others." Dr. Riordan, he said, had shown executive ability second to none. If there was anything else in Toronto which he had not got for them the speaker wanted to know what it was.

DR. RIORDAN ELECTED.

The vote was taken, and resulted in 135 for Dr. Riordan and 82 for Dr. Bouffleur. Dr. Bouffleur moved that it be made unanimous, and, amid cheers, this was carried. Dr. Riordan was escorted to the platform and introduced to the meeting in a very graceful manner by Dr. Bouffleur. He was heartily greeted and spoke briefly, thanking his hearers for their kindness. The Nominating Committee then brought forward its report, which proposed the following names :

Vice-President—Surgeons R. E. L. Kincaid, Texas ; James C.

Hunt, Utica, N.Y.; James L. Foxam, Huron, South Dakota; W. Gunn, Clinton, Ont.; A. H. McKnight, Hartford, Conn.; C. F. Leslie, Clyde, Kansas; Hugh M. Taylor, Richmond, Va.

For the Executive Board—Surgeons F. J. Fritz, St. Louis, Mo.; James Alexander Hutchison, Montreal, Que.; H. L. Getz, Marshalltown, Iowa.

The Nominating Committee suggested that Richmond, Va., be the next place of meeting.

The afternoon was devoted to pleasure. The city contributed to the afternoon's entertainment, which took the form of a trip on Lake Ontario on the steamer *White Star*. The steamer left the Bay Street wharf shortly after two o'clock with a heavy load, and steamed westwards as far as Long Branch. It then went east as far as the eastern gap, and then came along the bay to Exhibition Park. There the party disembarked and proceeded to the park, where a civic "high tea" was tendered them in a large marquee. The band of the Royal Grenadiers was in attendance. The street railway then conveyed the visitors to Munro Park and to other points of interest.

Saturday was given over to an excursion to Gravenhurst and Port Sandfield. About 550 participated.

The Committee of Arrangements expressed their thanks to Hon. A. S. Hardy and members of the Cabinet of the Ontario Government for a generous grant towards entertaining the members and their friends on this excursion, also to Mr. Charles M. Hays, General Manager Grand Trunk Railway system, for railway transportation, and to Mr. A. P. Cockburn, Secretary and General Manager Muskoka and Georgian Bay Navigation Co., for transportation by steamer on the Muskoka lakes.

LOCAL COMMITTEE OF ARRANGEMENTS.

Drs. T. G. Roddick, M.P., Sir W. Hingston, J. Alex. Hutchison, Montreal, Que.; J. Bray, Chatham, Ont.; A. McKay, Ingersoll, Ont.; L. B. Powers, Port Hope, Ont.; J. Coventry, Windsor, Ont.; J. Gunn, Clinton, Ont.; D. M. Fraser, Stratford, Ont.; A. Taylor, Goderich; Drs. J. Thorburn, C. O'Riley, J. E. Graham, Adam Lynd, A. J. Johnson, J. F. W. Ross, W. Oldright, R. B. Nevitt, George Peters, A. H. Wright, J. Noble, W. H. B. Aikins, T. McKenzie, C. A. Temple, G. H. Burnham, R. A. Pyne, P. H. Bryce, Chas. Sheard, J. Cassidy, H. A. Bruce, H. T. Machell, J. Gilmour, W. F. Gallow, W. H. Pepper, E. E. King, J. Dwyer, A. A. MacDonald, W. A. Young, J. D. Thorburn and H. H. Oldright, of Toronto; also Ald. Bowman, Ald. Dunn, Ald. Richardson. H. A. Bruce, Secretary; R. A. Pyne, Treasurer; Bruce L. Riordan, Chairman Committee of Arrangements.

The Toronto Medical Society.

THE regular meeting of the Society was held on May 6th, 1898. Dr. MacMahon presided.

Dr. R. A. Reeve presented two patients upon whom he had performed Mule's operation. This procedure is a substitute in certain cases for enucleation. It preserves the scleral cup, the contents of which are scooped out and supplanted by a glass vitreous. The lips of the scleral wound are then sewn up. The operation is more difficult to perform than enucleation, and there is likely to be much more reaction after the operation than after enucleation. Dr. Reeve said he had not observed all the directions that were given in regard to the use of strong antiseptic injections, because he thought that as the scleral cup was practically aseptic they were unnecessary. He had done the operation on patients from three years old and upwards. The operation was not suitable where a high degree of inflammation was present, such as in pan-ophthalmitis, or where there was extreme danger of sympathetic ophthalmia. The doctor then related briefly the history of the two cases presented. The results in both were extremely good. The patients had almost perfect movements of the eye with the artificial shell. One had to examine closely to detect which was the real and which the artificial eye. In these cases the sulcus present over the upper lid in enucleation cases is not to be seen.

Dr. Webster alluded to the practice Dr. Reeve advocated some time ago of enclosing blood clot in the scleral cup. Dr. Reeve said he had abandoned that practice. Its fault was that the clot shrunk.

Dr. Rudolf presented a patient with a peculiar condition of the throat. The palate was adherent to the back of the pharynx so as to almost entirely obliterate the opening between the pharynx and the naso-pharynx. The patient was twenty-five years of age, and when twelve years of age had suffered from ulceration of the throat. The patient suffered from hoarseness, for which he had consulted Dr. Rudolf. There was no history of syphilis.

Dr. Parsons said the patient had attended his clinic in March giving a history of vomiting of blood. There had been some jaundice. The spleen was enlarged, but the blood was not leukæmic. There was no alcoholic history, which shut out cirrhosis from drinking. Dr. Parsons diagnosed the case as one of syphilitic cirrhosis, the specific disease being probably congenital. He had not noted the condition of the throat.

Dr. Carveth recalled a case similar to this shown at the Society a number of years ago, presented by Dr. Cameron.

Dr. W. J. Wilson said he had seen two cases of this sort. In both the syphilis was acquired.

Dr. Webster said he had a case whose throat was like the one presented, the deformity being on the left side. The patient had syphilis six years ago. Dr. Rudolf closed the discussion.

Dr. H. T. Machell presented a pair of pus tubes he had removed from a patient whom he had had under observation for over two years. She suffered from pain in the back and in the pelvis and was unable to get about. Examination revealed a matted condition of the contents of the pelvis and a large tube could be felt on either side. The woman was aged 35, had been married twice. From her former husband she contracted gonorrhœa. She gave a history of miscarriage previous to this. There was a good deal of difficulty in removing the tubes, but the woman has made a good recovery.

Dr. MacMahon, commenting on the contagion, referred to an operation on a case of this sort in which the husband had denied having had gonorrhœa to the operating surgeon; but after the operation, Dr. MacMahon, who assisted, saw the husband whom he recognized as a former patient whom he had treated for gonorrhœa.

Dr. Carveth reported a case of "lymphatic leukæmia." The patient was a carpenter, aged 56, who gave a history of having had ague some twenty years ago. Latterly he had suffered from indigestion and failing health. He had an attack of grippe, following which he had difficulty in urinating which gradually increased until he was obliged to use a catheter. Later he suffered from pneumonia. In February the liver was discovered enlarged. The abdomen was opened for exploratory purposes. The observations confirmed what had already been made out. Subsequently the glands throughout the body became enlarged. This, with a later examination of the blood, led to the diagnosis. The patient had since suffered from an attack of erysipelas.

Dr. Greig, who examined the blood, said he had made a count of 200,000 white corpuscles per c.m. He thought there was no doubt regarding the diagnosis.

Dr. Parsons said he, too, had examined stained specimens of the blood. He found a great increase in the mononuclear elements, particularly of the small ones. Of the small mononuclears there were 69.5 per cent.; of the large, 13 per cent.; of the polynuclears there were 10 per cent.; of the eosinophiles one-half per cent. Later he had noted the condition of the blood and had found 4,560,000 red corpuscles; 302,000 white; hæmoglobin, 55 per cent.

Drs. Webster and Machell briefly discussed the case.

The Society then adjourned.

Editorials

The Proposed Sanatorium for Consumptives.

WE publish an outline of a proposed sanatorium for consumptives. At the present time our hospitals do not care to admit tubercular cases. Of course this applies to tuberculosis of the lungs. All hospitals are giving accommodation to patients suffering from tuberculosis of the various other organs, bones, joints, etc. This could not be otherwise.

Such an institution is needed. There is always the difficulty in the organization of these new enterprises, and the addition to the number of charities already too numerous. We learn that one of our hospitals has under contemplation the establishment of efficient accommodation for tubercular cases, especially those of the respiratory tract.

The following is an outline of a movement now being made by medical practitioners and a few other gentlemen of Toronto to provide a sanatorium for consumptives outside of but within a few miles of the city, so that city patients and those in the vicinity desiring to take advantage of it may be easily visited therein by their own physicians and their friends:

It is the intention to have it near one of the trolley lines which run out of the city, on either of which there are very good elevated sites, and to make it a first-class institution in every respect as relates to general equipment—providing all well recognized modern means for the most scientific treatment of patients, yet on an economical plan.

It is the purpose of the promoters to provide for the poorer classes of patients and in all stages of the disease, with the hope of checking its progress in cases even considerably advanced in the second stage—as sometimes has been done—and also to provide a home wherein the last days of hopeless sufferers may be relieved of their most distressing symptoms and made as comfortable as the resources of modern medicine—including, of course, the best of nursing and general care—can make them, and not be a source of danger to their relatives and others.

In view of the fact that loss of time in treatment is such an important element in lessening the chances of improvement or recovery in any stage of phthisis—the disease usually making daily progress—patients, on proper application, will be received into the sanatorium at once, as in any hospital.

It is proposed to obtain, if possible, a small farm in an elevated, sunny locality, as free from fogs and dampness as possible, in order both to provide ample room for buildings on the cottage plan, for the different classes of patients and stages of the disease, and also that some of the patients who would be benefited by such exercise may engage in farm and garden work, and so help to provide the institution with the necessary farm and garden food stuffs, including food for cows, poultry, etc.

The promoters feel assured that there is a very general feeling amongst city practitioners and others that such an institution is much needed.

It is therefore believed that a project as above outlined will appeal so strongly to the charitable public of Toronto and its vicinity that there will not be much difficulty in obtaining the necessary funds to carry it out. Indeed there should not be.

Ozonised Oxygen in Consumption.

IN the recently published prize essay in the competition for the Weber-Parkes prize, conferred by the Royal College of Physicians, the author, Dr. Arthur Rinsome, Consulting Physician to the Manchester (Eng.) Hospital for Consumptives, mentions briefly several remedies which had been tried in the hospital in the treatment of patients in the different stages of consumption. Amongst these remedies, and the most important of them, are tuberculin (Koch's), cantharidinate of potash and chloride of gold and the iodides (iodol, iodoform, etc.), arsenic, the phosphites, cod-liver oil, and antiseptic inhalations, as hot air, compressed air, pure oxygen and pure ozonised oxygen under slight pressure.

In respect to the last named, he writes: "I have never seen any ill-effects arising from its use, but usually great benefit, especially to those patients who were at all anæmic. Although we have often had highly gratifying results from other treatments at the hospital, I do not remember any that were quite so satisfactory as in those cases in which this ozone was also used;—such continuous freedom from fever, absence of night-sweats, diminution in the amount of expectoration, improvement in appetite and sleeping power, and such consequent gain in weight and strength, and in the color of the blood."

The ozone did not appear to act as a germicide, but to "have a beneficial action upon the general health, improving the condition of both the white and red corpuscles of the blood."

The remedy had been first tried some eight years ago, and acted

so favorably on a few patients that sixty cases of phthisis had been since so treated. Very little selection in the cases had been made, excluding only obviously hopeless ones. All three stages were submitted to the treatment. In only one or two instances did the tubercular mischief progress under it.

Ozone being but an allotropic form of oxygen, or oxygen in a more active or stronger oxidizing state, obviously this treatment is practically but a modification, or an intensification, of out-door or pure-air treatment.

The success of this treatment appears to be confirmatory of the theory advanced and contended for by Dr. Playter in his recent book : that the cause of phthisis, or at least of an auto-intoxication constituting the soil factor, is a defective respiratory function—a breathing capacity too limited for the wants of the system ; and that the remedy for the disease is a supply to the blood and tissues of oxygen in some such way or form as shall be assimilated by the organism. Hence the open-air remedy, the lung gymnastics, and cold air ; as the colder the air the more oxygen, bulk for bulk, it contains, and usually in a natural, often ozonised form.

Surgeon Captain Scott.

THERE is a great talk of the decadence of human nature to-day, and of a growing effeminacy, even amongst the men of our race, such as marked the epoch just before the fall of proud Rome. Yet every history of a war to-day as much as in past times, brings to the light deeds of courage and daring grand enough to make us feel with thanksgiving that heroes exist among us even yet. Of such is the piper Findlater, who, sinking to the ground with shattered knee, still, amid his intense agony, cheered the Gordons on to action with the stirring drone of his pipes.

Findlater had his praises sung through all lands and his Queen's own hand has pinned the coveted honor to his breast. Now another name must be added to the grand list of British heroes, that of Surgeon Captain Scott, whom we Torontonians can proudly claim as our own ; a Trinity man and a grand-nephew of one of Trinity's veteran professors, Doctor C. W. Covernton, of Toronto.

His claims to heroism have already been ardently set forth in English and Canadian medical papers as well as in the *Illustrated London News* and other lay journals, but we recount them here that all his countrymen, especially those of his own profession, may know of his deed of courage and endurance performed amid terrible suffering. Bertie

Scott, as he was called in Trinity days, while in action in Sierra Leone, received three severe bullet-wounds at the same time. One pierced the muscles of his chest, a second shattered his thigh and the third lodged in the ankle-joint of his left leg, yet, amid the awful pain from these wounds, he caused himself to be propped up against boxes and continued to minister to the sufferings of others. Hour after hour passed and the agony and fever caused by the wounds must have increased with every minute, yet still this glorious fellow worked on for his comrades, extracting, amputating, bandaging and soothing the hurts of others whilst his own remained uncared for. Then, at last, when, and only when, all his men were attended to, he gave up as may be supposed, he nearly succumbed to severe shock and fever on his way to the coast, but God spared him to his country and his dear ones. The sea voyage partially restored him, and, as soon as he is strong enough, the bullets are to be extracted by means of the Roentgen rays. Then, may we not hope it, he too will receive the greatest earthly reward possible to a British soldier, the Victoria Cross, which, as it lies upon the breast of a brave man, causes the hearts of his countrymen to glow with delight, because they can claim him. Let us hope that we shall see it resting on the uniform of Surgeon Captain Scott, whose deed of bravery, if possible, excelled that of Private Findlater. Music, even when played under suffering will rouse enthusiasm in the heart of the sufferer and thus strengthen him to bear and to do, but nothing except the most noble spirit of self-sacrifice could prompt so Christ-like a deed as the conquest of one's own agony in order to help that of others.

Let old friends and Trinity Fellows join in a great cheer for our countryman.

"Hip! hip! hurrah for Bertie Scott."

A. B.

The Victorian Order of Nurses.

FROM all the indications at our possession it does not appear that the medical profession or the general public are taking much interest in this order. We have already a number of persons in all parts of Canada who are willing to go out and earn a little money by nursing. This order comes into direct competition with those who have been in this way earning a trifle by this cheap nursing.

A few are making use of the order who should engage a nurse and pay her a fair fee. This is doing the regular nursing profession a great injustice. In addition to this it is pauperizing the people. We have never seen any need for the order, and our mind has not changed in this matter.

Book Notices.

Clinical Lecture: on Diseases of the Heart and Aorta. By GEORGE WILLIAM BALFOUR, M.D., F.R.C.P.(Edin.), Consulting Physician to the Royal Infirmary, Edinburgh, etc., etc. Third edition. London: Adam & Charles Black. Toronto: The Publishers' Syndicate. 1898.

The first edition of this work appeared in 1875, and the second in 1881. It will at once appear to those who are familiar with the former editions that the present one has been thoroughly revised and re-written. The volume is an exceptionally handsome one, of nearly five hundred pages. The paper is ideal and the type exceeding clear and of good size. The illustrations add much to the usefulness of the work. They are not numerous, but of such a character as to be of the utmost utility to a student of the book.

Dr. Balfour has long been recognized as one—perhaps the leading one—of those who have written upon cardiology. His teachings have been of the utmost value to the profession, as the means of disseminating correct views. His opportunities have been great, and he has made the most of these opportunities.

On reading this work one is at once impressed with the thorough knowledge the author possesses of the literature on this subject. Of the enormous amounts that have been written upon the heart and aorta, nothing seems to have escaped his attention.

The literary finish of the work is fine. It reads like Ruskin, or Lang or Arnold. Yet the thorough-going scientific side is not lost in this fine finish. Indeed, the beautiful style renders the descriptions of the varying conditions very clear and almost simple.

But the strong part of the work is the therapeutics. In the matter of treatment the author utters no uncertain sound. The conditions are laid down with great clearness; and then what ought to be done is stated in the most distinct and positive manner. This is very refreshing.

This is one of the books of which it may truthfully be said every doctor should have a copy. The amount of information between the covers is really marvellous. And all this, as already stated, in so readable a form.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—It is deplorably sad to be ignorant, but it is infinitely more so to assume the title of the learned (?) without true merit. I was much amused to read the terrible “exposure” of “Aristarchus” in your issue of June, and supposing he is a true doctor, full of wisdom even as the learned doctors of old, I must go slow ere I tempt to even consider, in criticism, his noble words, and yet, unlike those days when it was unsafe to disagree with the learned doctors, we now live in an age of freedom of expression and thought, I would like to ask my critical friend wherein lies the merit of the title of doctor. Is it in the pile of stones or brick we call a university, is it in the knowledge possessed by the professors who daily teach their pupils, or is it rather in the merit of the pupil himself? It is in this latter, you will agree with me and whether he follow the lines of medicine or science or philosophy, or law or theology, or your seemingly especially despised dentistry or veterinary surgery, if he truly is a learned man why should he be refused the title of doctor? Why should the medical profession usurp the title entirely, as seemingly my friend would have it so? A doctor is looked upon as a learned man, an instructor, a teacher, one skilled in a learned profession, and while I believe it improper to confer this title upon any profession until its standard has reached a learned degree, yet by no means should we withhold it when such is the case. The profession of dentistry in Ontario has won its standard equal with the medical profession, and we will find in its ranks men as clever and learned even as “Aristarchus” himself, whoever he may be. I wish he had signed his name, in order that we might know who would thus endeavor to contempt a profession the better understanding and consequently better appreciation of which would make him a better man and of necessity a better doctor. It is certainly unfortunate that there is such a dividing and almost malicious force separating the medical and dental professions, for without the skilful and efficient practice of either the other will advantage little. It had been far better for our medical friends to co-operate with us, for their many failures can often be traceable to absolute ignorance in conditions known even to the freshman in dentistry, and yet the time will come when human ideas will triumph over petty malice and envy, and our stricken and suffering patients will realize the benefits of

medicine and surgery unfortunately kept from them now. The announcement of the Western University, which he quotes as saying "dentistry is a mechanical business," may also say the same of medicine with like truth, and let me say that the best surgeon or dentist is he who is a true mechanic. And now, to close, let us in future try and merit in ourselves the title of doctor, and not alone by a university's privilege or possible avarice.

V. H. LYON, D.D.S.

Alexandria, Ont., June 22, 1898.

Canadian Medical Association.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—There is no man so deserving of a holiday as the hard-working physician, who has had his nose to the grindstone from early morning till late at night. It is not only a privilege, but a duty, to relax one's energies at least once a year and take an outing. Having made up one's mind to go away for a bit, the next question is where to go, for one likes to gain some mental profit as well as physical vigor. This year the Canadian Medical Association offers peculiar inducements to the busy man by meeting in the historic old city of Quebec on August 17, 18 and 19 next. This will give to the physicians all over the Dominion an opportunity to visit, at a trifling expense, one of the most picturesque parts of Canada. It, too, will enable the English and French to become better acquainted, thus helping to bring about a more thorough understanding. The President, Dr. J. M. Beausoliel, of Montreal, is putting forth every effort to make the meeting a success. The local committee of arrangement, under the chairmanship of the Vice-President, Dr. C. S. Parke, ably assisted by the local Secretary, Dr. A. Marois, are doing good work towards making the visit of their medical brethren enjoyable. It has been whispered that a trip to Grosse Isle is a probable part of the entertainment. The officers of the Association are confidently looking forward to a large and enthusiastic gathering. For particulars address F. N. G. Starr, 471 College Street, Toronto.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—In the June number of THE MEDICAL REVIEW there appeared an item stating that there were fair openings for medical men at Crookston, near Madoc, and Menie, near Campbellford.

With reference to Crookston, the article is certainly misleading, as

there is not a population of one hundred and twenty-five there, all told, and not more than four hundred in the village and all the country tributary to it, while Madoc, only five miles distant, has four physicians, with only 1,200 population.

Respecting Menie I am not prepared to give an opinion, not being acquainted with the locality, but from enquiries I believe the article is just as misleading with respect to that location.

Now a word as to the propriety of publishing such items. Surely the world is wide enough and intending practitioners should have brains enough to choose their own location without such assistance. In my humble opinion, a medical journal should certainly be able to find some more laudable use for its columns than trying to bring more medical talent into competition with physicians in an already overcrowded district.

Yours respectfully,

Madoc, June 24, 1898.

M.D., MADOC.

[The item referred to was furnished by a well-known and respectable physician.—ED.]

Personals.

DR. T. BIBBY has moved to Kimberley.

DR. PLAYTER has removed from Ottawa to 185 Carlton Street, Toronto.

DR. T. COLEMAN, having returned from Germany, has located in Toronto.

DR. W. GRAHAM has moved from Grosvenor Street to College Street West.

DR. HUNTER having returned to California has located at 8 O'Hara Avenue.

DR. E. HOOPER has returned from England and opened office at 92 College Street.

SIR WILLIAM HINGSTON, of Montreal, has received the degree of LL.D. from the Ottawa University.

DR. J. N. E. BROWN, the popular Secretary of the Ontario Medical Association, having secured a lucrative Government appointment, will leave for the Yukon District next week.

DRS. Cameron, Grasett, Peters, Primrose, McPhedran, Reeve, McIlwraith, of Toronto; Dr. Hamilton, of Selkirk, and Drs. Roddick, Birkett and Stewart, of Montreal, are among the Canadians at present in England with the intention of attending the British Medical Association.

Selections.

INTRAVESICAL INJECTION FOR CHRONIC CYSTITIS.—The *North American Practitioner* for May gives the following :

R Guaiacol..... 75 grains;
 Iodoform 1 drachm;
 Sterilized olive oil 3 fluid ounces.

M. For injection into the bladder.—*New York Med. Jour.*

RHUS AROMATICA IN INCONTINENCE OF URINE OF CHILDREN.—Dr. Ludwig Freyberger, clinical assistant to the Hospital for Sick Children, Great Ormond Street, London, recommends the liquid extract of rhus aromatica in this complaint. He records thirty cases treated with gratifying results, and says that the astringent taste and disagreeable odor of the liquid extract of rhus aromatica are sufficiently disguised by syrupus aromaticus. The dose employed was five to ten minims for children two to five years old, ten to fifteen minims for children five to ten years old, and fifteen to twenty minims for older children. A very convenient formula is the following :

R Ext. rhois aromaticæ liq min. 10;
 Syrup. aromatici..... “ 20;
 Aq. destillatæ ad dr. 1.
 S. : Three times a day.—*Treatment*, May 12th.

THE PROHIBITION OF THE CORSET IN RUSSIA.—We learn from the *Gazetta degli ospedali e delle cliniche* for June 16th, that the Russian Minister of Public Instruction has issued, on the grounds of public health, a decree prohibiting the use of the corset by women. This is government interference with a vengeance. Such matters are not at all fit subjects for such interference, but only for the education of the people. Even if the entire profession were agreed that the corset was an unmitigated evil to the individual who wore it in all cases and under any circumstances, such a meddlesome decree would be a tyranny like prohibition laws, anti-cigarette laws, and so forth. Such measures are not on a par with the suppression of public nuisances, such as the control of noxious trades, because those ordinances are for the protection of the many against the few, whereas such decrees are an attempt to forcibly protect a man against himself in opposition to his own free will, and in regard to matters which other people choose to consider bad for him. This reasoning would justify anything—and is, in fact, the very reasoning which was adduced to justify the tortures of the inquisition.—*New York Medical Journal*.



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Miscellaneous.

SANMETTO IN GENITO-URINARY DISEASES.—I have used Sanmetto in my practice for the last five years, and find it has no equal in diseases of the prostatic portion of the urethra, in presenility, in that peculiar condition existing in anæmic and chlorotic girls just entering womanhood, and all abnormal conditions of the reproductive organs in either sex, depending on a debilitated condition of the general system. Sanmetto has never failed me in senile prostatitis or enlargement of the prostate gland in aged men.—J. L. SMITH, M.D., Durand Mich.

THE FORTHCOMING MEETING OF THE BRITISH MEDICAL ASSOCIATION.—The 66th annual meeting of the British Medical Association will be held at Edinburgh on Tuesday, Wednesday, Thursday and Friday, July 26th, 27th, 28th, and 29th, under the presidency of Sir Thomas Grainger Stewart, Professor of Medicine in Edinburgh University and Physician in Ordinary to the Queen in Scotland. In a town so rich in distinguished medical men as Edinburgh, there could be no difficulty in finding fit persons to deliver the addresses in plenary congress, save such difficulty as might arise from a surplus of material. The choice of the executive has fallen upon Dr. Thomas Richard Fraser, Professor of Materia Medica and Therapeutics in the University, to deliver the address in Medicine; upon Mr. Thomas Annandale, Professor of Clinical Surgery, to deliver that in Surgery, and upon Sir John Battey Tuke, President of the Royal College of Physicians of Edinburgh, to deliver that in Psychological Medicine. The connection of Sir John Battey Tuke and Mr. Annandale with their respective branches of the medical profession, is well known to all the civilized world, but Dr. Fraser's name is hardly so familiar. Yet he is one of the most scientific physicians in the United Kingdom, and particularly famous for his elaborate researches, both independently of and in collaboration with M. Calmette into the nature of snake-poison. His investigations into the antivenomous properties of the bite of serpents and generally into the possibility of immunizing the human subject against snake-poison have resulted already in the saving of human life; and as it is estimated that in India alone many thousands perish annually from snake-bite, it is probable that Dr. Fraser is on the road to establish a very solid claim for his country's gratitude. The Royal Society of London has proved its belief in Dr. Fraser's work by electing him a Fellow of that exclusive body.—*Philadelphia Medical Journal*.

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In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

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- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

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- 3rd. Its agreeable flavor and convenient form as a Syrup.
- 4th. Its harmlessness under prolonged use.
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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

"EROTIC, NEUROTIC, TOMMYROTIC."—That the morbidity of psychopathic sexualism is pushing its way even into medical literature and journalism has long been recognized. Krafft-Ebing was by no means the first or the last sinner in this respect, as one observes by watching the book lists, and especially by noting the monotonous regularity with which certain editors manage to get some bit of lascivious dirtiness in every issue. The French, of course, furnish the most flagrant examples, although our American withers are by no means unwrung. A cynical critic of Walt Whitman is, by the fact of her sex, so completely handicapped in argument with a woman who is an admirer of that writer, that he is forced to silence—and, in a like manner, we do not feel like citing passages and boldly exemplifying the loathsomeness of some of these "medical" writers. We cannot, however, forbear mention of one egregious malefactor—the French *Journal de Médecine de Paris*. Much of the matter of its columns is pornographic, not medical, and we are constantly amazed at the filthy stuff it publishes. In the last number, for example, that comes to hand, there is a long article reviewing a book, *La Médecine des Passions*, by Maurice de Fleury, which, for downright immorality and pseudoscientific claptrap, is astonishing. At one stroke the fact called *l'amour*, is described by Dumas' brutal lie as *purement physique*, and then the reviewer retells the silly story of measuring and recording the *hypertension vitale* occasioned by lust in a patient. To save this exaltation of tension of his patient from mounting dangerously high, the novelist's sorry physician determined *a faire venir la femme* *te lui montrer clairement le péril*. After humbugging the woman with a lot of mystifying illustrations of knee-jerks and demonstrations by diagrams of *excitation homicide*, and *epuisement des forces*, the author and reviewer conclude that she was sufficiently convinced of her duty, *et elle conclut que son devoir était de fuir—ou de s'abandonner, et je crois bien qu'elle n'eut pas la force de renoncer à celui qui l'aimait!* When an entire people is so generally debased and neuropathic as to poke its chief maudlin disease into the columns of its best medical journals in the masquerade of therapeutics, its national health and vitality must surely be nearly exhausted.—*Philadelphia Medical Journal*.

PROF. KOLISKO's official appointment as the successor of Hofman in the chair of Legal Medicine at Vienna is just announced.

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CIRCULAR ON APPLICATION.

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THE RENEWAL OF PRESCRIPTIONS, ETC., IN GERMANY.—A recent decision of the Ministry of Public Worship, of Education, and of Medical affairs in Germany is of interest. Prescriptions for internal use in Germany may not be repeated for the patient by an apothecary unless the physician signifies his approval in writing. External remedies, however, may be repeated. Substances prescribed as eye-washes, for inhalation, for subcutaneous injection, or for clysters and suppositories are by this recent decision classed among internal remedies as regards their repetition, though the regulations as to bottles and labels that hold for external remedies still apply to them.—*Ex.*

TRUE AMERICANISM.—Physicians and pharmacists, like the masses of the people, have tired of the arrogation of superiority implied by the announcements of foreign manufacture, and are revolting against them. This spirit is especially commendable at the present time, when a vast wave of patriotism is rolling over the land, making the north and the south, the east and the west as one band of brothers by its magic influence. The Antikamnia Chemical Company, of St. Louis, in all of its advertising matter, whether through the journals or by circular, takes particular pains to impress upon physicians and pharmacists that its goods are made in America, by Americans, and for American use. This enterprising company realizes that the words "made in Germany," or "made in France," no longer possess the influence and meaning they once had. The people of this country no longer scorn or underrate the products of their own native laboratories and workshops.—*The National Druggist.*

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We beg to submit to your attention :

Shuttleworth's Aromatic Wine of Cod Liver Oil and Iron.

IT IS a palatable preparation of Cod Liver Oil, combined with Iron (peptonized), held in permanent solution in a pure Sherry Wine, containing the nutritive properties of Cod Liver Oil, entirely free from the fishy odor and taste of the plain Oil.

IT IS acceptable to those patients in whom the plain Cod Liver Oil is indicated, but to whom it is nauseating, and by whom it cannot be borne.

This Preparation is especially adapted to cases where the patient is unable to digest the Oil, as it may be taken for a considerable time without deranging the stomach.

Many Patients Cannot Take the Plain Oil.

- 1st. BECAUSE of its fishy odor.
- 2nd. BECAUSE it upsets the stomach.
- 3rd. BECAUSE it will not digest.
- 4th. BECAUSE it regurgitates.

This Preparation Overcomes all Objections to the Use of the Plain Oil.

- 1st. BECAUSE it has no fishy odor, and does not nauseate.
- 2nd. BECAUSE it is palatable.
- 3rd. BECAUSE it is easily digested.
- 4th. BECAUSE it is well borne by the stomach.
- 5th. BECAUSE it has the fattening and nutritive properties of the Plain Oil.

We confidently ask Physicians to give SHUTTLEWORTH'S AROMATIC WINE OF COD LIVER OIL AND IRON, with its other combinations (where indicated) a CLINICAL TEST, and we feel sure that all we claim for it will be established.

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Review

Vol. VIII.

AUGUST, 1898.

No. 2.

“APENTA”

THE BEST NATURAL APERIENT WATER.

CONCLUSIONS

from clinical observations on the action and value of APENTA WATER in obstinate constipation, by PROFESSOR W. S. BOGOSLOWSKY, Director of the Pharmacological Institute of the Moscow University, etc., etc.:—

“Systematic treatment with APENTA WATER is especially indicated for constipation produced by Atony of the bowels, and APENTA possesses without doubt this advantage over other aperients, that its use does not give rise to subsequent constipation.

“By suitable doses of this water the bowels act freely and considerable quantities of bile are evacuated. The action of APENTA WATER is more gentle than that of the bitter waters most known with us, because it contains less calcium sulphate and no magnesium chloride. It is probably due to this circumstance that the crampy pains generally observed when aperients are employed, are entirely absent in the case of APENTA.

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IRON SOMATOSE (Ferro-Somatose).

A first-class tonic, containing the albuminous substances of the meat (albumoses) organically combined with iron. Special indications: Chlorosis and Anaemia. Daily dose: 75 to 150 grains.

MILK-SOMATOSE (Lacto-Somatose).

A strength giving food containing the albuminous matter (albumoses) of the milk.

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THE Canadian Medical Review.

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No. 2

Original Communications.

Vaginal Section.

BY ERNEST HALL, M.D., Victoria, B.C.

In this age of rapid advancement, it is a difficult matter to contribute anything of startling novelty. Those possessing the genius of originality are few, but the most ordinary may, at times, recount his experiences, and contribute even unconsciously to the sum of knowledge. Upon the subject of this paper I have nothing new to offer. The subject has been thoroughly threshed out by Continental and American surgeons, and apparently as completely neglected by Canadian operators. Our medical literature contains but few references to Vaginal Section, and leading articles upon this subject are conspicuous by their absence. This should not obtain, as advanced gynaecology is incomplete without this important factor.

In discussing the vaginal route to the pelvic cavity, we should not affirm more than experience can substantiate. Each method has its distinct indications, and also its limitations. It is not so much a subject for abstract discussion, as that of careful examination and judicious selection of the method better suited to each individual case. The question we should ask before undertaking any surgical measure, is,

how can I accomplish the desired result with the least traumatism, time, shock, and mortality? And no one should presume to answer this question with reference to pelvic surgery without a familiarity with this method.

The question of any given operation, being easy or difficult, is dependent less upon the necessary mechanical manipulation than upon the discipline of brain and hand. Both the abdominal and vaginal methods are easy, and both may be equally difficult. They are not capable of such comparison, any more than when an ill-fitting plate has lodged in a more remote part of the alimentary canal. We should begin to compare œsophagotomy with gastrotomy, without considering the location of the offending body.

Those of us who have witnessed Continental surgery, especially upon those of the peasant class, who contribute the material of the clinics in the larger centres, have been astonished at the ease with which the operators work, and at the space which they have at their disposal. This latter may be real or only apparent; real, if the peasant pelvis is more roomy than that of our average Canadian patient; or apparent, owing to the proper management of the retractors and the dexterity of the operator. Be this as it may, it is well that the beginner in the vaginal method make careful selection of cases, not forgetting that a narrow pelvis might seriously impede his work. He had better avoid multiparæ, and for his first case select a multipare with relaxed vagina and ruptured perineum.

The conditions favorable to attack through the vagina are, generally speaking, pelvic exploration, including direct digital examination of the whole pelvic contents, as well as visual examination of the fundus of the uterus, tubes and ovaries, removal of small fibroids, ovarian or parovarian cysts, severing of adhesions, resection of different organs, retroversion, sactosalpinx, extra uterine pregnancy in early months, and all cases in which drainage is indicated, including acute septic salpingitis, puerperal or gonorrhœal. As to the point of entrance from the vagina, it may be through the anterior or posterior cul-de-sac, as the merits of the case demand. For pelvic exploration, and retro displacements, the anterior incision is preferable, and generally, for the other conditions stated, the posterior incision is the better.

Before the operation, the patient should have a bath, the external genitals shaved and thoroughly scrubbed, and a bichloride douche given. If there exist any suspicion of septic vaginitis, the cavity should be packed with iodoform gauze after each douche. The abdomen should also receive preparatory treatment, as the examination of the pelvic with the patient relaxed under the anæsthetic may re-

veal conditions previously obscured, and at the last moment influence the operator to select the abdominal route, or perchance, during the vaginal operation, hemorrhage from the ovarian artery might require a higher section for ligature. Double preparation is not lost time. It is an excellent maxim to cover your retreat.

For the performance of this method, the patient is placed in the lithotomy position, with the foot of the table slightly raised, so that the intestines may gravitate away from the field of operation. The limbs covered with aseptic blankets, are supported by assistants on either side, who also manage two lateral and one posterior retractor.

The uterus is invariably curetted, irrigated and packed with gauze. If anterior section is indicated, the cervix is drawn downwards and backwards, with a tenaculum, preferably Orthmauris' forceps, as the lower blade holds the uterus steadier than the ordinary instrument. The anterior cul-de-sac being stretched, a vertical incision, about an inch and a half in length, is made through the vaginal membrane and muscle. The edges of this incision being held apart, careful dissection is made with the knife handle and fingers, through the tissue between the cervix and bladder, keeping close to the cervix to avoid wounding the bladder. I find it convenient at this stage to keep a large sound in the bladder, so that its limits may be more easily defined. The visico-uterine fold of peritoneum is soon reached and and perforated when a retractor is inserted, thus effectually raising the bladder out of the field of operation. The pelvic cavity is now open; the incision may be extended, laterally if necessary, in order to obtain more space for exploration, severing of adhesions, examination of the tubes and ovaries. The fundus of the uterus can be anti-verted through the incision, fibroid enucleated, cystoleated or tapped, and summarily disposed of; in fact, the pelvis with its contents is open before the operator. The parts are irrigated with sterilized water, and the incision closed with continuous gut suture. If prolapse or retroversion has been a prominent feature of the case, it is well to attach the body of the uterus to the anterior vaginal wall. This is done by passing three Kangaroo, chromotized, or curnol gut sutures through the margin of the vaginal incision, then through the uterine structure and out through the opposite side of the incision. These being drawn tight, force the uterus against the vaginal wall, a running suture of catgut then unites the vaginal incision. Gauze is packed into the vagina, and the case managed upon the same general principles as after perinsplasty. If the section is to be posterior to the cervix, the mucous membrane is taken up upon a tenaculum and an opening made with scissors, enlarged by opening of the blades,

and further increased by stretching or tearing with the fingers. The pelvis can be explored with the finger, and manipulations done as with anterior section. In septic cases, a drain is inserted.

The advantages of this method are little or no shock, non-exposure of the bowels, more rapid operation, and, if possible, infection less, dependent drainage, more rapid convalescence and lower mortality.

Hypo- and Hyper-Respiration in Tuberculosis.*

BY EDWARD PLAYTER, Toronto.

As hyper-respiration, or at least increased respiration, in some form or manner, is universally prescribed and insisted upon in the treatment of tubercular pulmonary phthisis—indeed we rarely hope for a cure unless the patient goes more out-doors, breathes more pure air—in other words, improves the respiratory function, it would seem to be a most natural inference that hypo-respiration, a reduction, in some way, of the respiratory function to a morbid degree is an important factor in causing the disease.

Whatever else we prescribe, whether a tuberculin or other special remedy, we invariably, as all makers of tuberculins advise, endeavor to improve the respiratory function of the patient by more out-door air.

Who are they who fall victims to phthisis? Almost invariably, if not solely, those who have been exposed, from *some one or other cause*, to a decrease, to less than the needs of the system, in this most important function of respiration; to a too limited, or an inefficient supply of oxygen for the needs of the vital functions. We have the hereditary small chest and lungs, overtaxed at length by some change of life, perhaps over-study, or it may be over-physical activity in the greater responsibilities and duties of adolescence. Or we have the sedentary, probably stooping, occupation and shallow breathing indoors, culminating at length in the consequences of a want of a certain indispensable supply of oxygen in the blood and tissues. Fairly or even well-developed lungs may have been gradually reduced to an inability to provide this indispensable oxygen supply. Or again, we may have lungs so clogged up with the products of a continued "cold," or a congestion from measles, or an attack of pneumonia, that they cannot fulfil their function proportionately to the needs of

* Read at meeting of Ontario Medical Association.

the organism. And yet again, this condition of the air cells, or of the respiratory lung-membrane, may be the result of dust-breathing.

From the almost invariably small respiratory capacity in the early stage of phthisis, we must infer that a measure or degree of this condition had existed for some length of time, and prior to actual symptoms of the disease. Only through time, many months at least, could such a condition have been brought about.

Besides my own collective investigations on this point, as published in a pamphlet in 1882, and in my recent book, page 98, in which it is shown that the average measurements of the chests of a large number of cases was only five-sixths of that of a fairly well developed chest, Dr. J. E. Squire, physician to the North London Hospital for Consumptives, in his book of three or four years ago, gives a table showing that "the average quantity of air expired after a full inspiration for different heights in health" is about fifty per cent. greater than that "which can be expelled by persons of similar height in the early stage of phthisis."

Farquharson, in his work on Ptomainés, says: "Every arrest or diminution of the respiratory functions is necessarily followed by the retention of toxic physiological debris in the body."

On every hand we have symptoms of diseased conditions, mental and physical, from self-intoxication, by no means confined to intestinal intoxicants. The soil factor at least of our fevers is doubtless of this nature.

Now what are the early symptoms—the pretubercular symptoms—as they have been termed, of tubercular pulmonary phthisis? Are they not just what we would expect from auto-intoxication?

And what, let us consider deeply and well, is this soil factor in tuberculosis, this long and well-known, but not well understood predisposition? It is certainly not a negation, a shadow, simply a want of vitality. It is a tangible something. And I am convinced, it is a self-poisoning from imperfect respiration; briefly, want of breath.

My object is to divert our attention and action from the tubercle bacillus as a cause of this disease to the true cause. This organism is but a sequence, doubtless of benign origin.

There are signs, a few, of the passing of the bacillus tuberculosis. When we cease to wage war upon it, and endeavor to provide oxygen for this unfortunate class, a very large class, of non-breathers, we may hope for a decrease instead of an increase, as there appears to have been of late years, in this most destructive of all diseases.

It has always been contended that there are cases of phthisis without the bacillus. It now appears we have real tubercles produced by

another organism. Céourmont (in *Arch. de Med. Exper.*) shows that "lesions similar in all their aspects to ordinary tubercle are due to a micro-organism, having characters completely different from those observed in Koch's bacillus."

If we can realize that hypo-respiration is the "great first cause" of phthisis, we can safely rely upon the very old-fashioned remedy oxygen to cure it, if we can only succeed in getting a sufficiency of this remedy properly introduced into the blood and tissues. In the earlier stage constant deep breathing of cool out-door air may suffice; in later stages we must provide the oxygen in some modified or less natural way. And a judicious use of ozonized oxygen appears to give the best results.

As in complete asphyxia oxygen will, as it were, restore life, so, if we can apply it properly, it will restore life in considerably advanced phthisis. And I am convinced it holds out to our anxious, yearning search the best and most natural remedy.

Selected Article.

Acquired Idiosyncrasy for Quinine, as Shown by Purpura and Bleeding of the Gums.*

BY DOUGLAS W. MONTGOMERY, M.D., San Francisco,

Professor of Diseases of the Skin, University of California.

MANIFEST effects of quinine on the skin are rare when one considers how frequently this drug is taken; but when they do occur, the clinical picture is so dissimilar in different cases as to make it almost incredible that they are to be attributed to the one cause. In one man quinine will give rise to violent itching, in another to urticaria, in another to a simple erythema, or a scarlatiniform erythema, or even a rash simulating an erythema multiforme. An erysipeloid, a complete exfoliative, or even a gangrenous dermatitis have been ascribed to quinine. Furthermore, quinine can cause an erythemato-papular rash, an eczema, or even a bullous eruption.

Besides these disagreeable inflammatory manifestations, quinine may produce more or less extensive extravasations of blood into the skin, and sometimes oozing of blood from the mucous membranes, constituting a purpura, of which I believe the following case to be an example:

On August 8th, 1895, a fairly strong-looking man, twenty-nine years

* Read before the California Academy of Medicine, June 19th, 1897.

of age, was sent to me by a dentist to ascertain if there would be any risk from hæmorrhage in having a tooth extracted. The patient told me that about two years before, the second right lower bicuspid had been pulled out, leaving however some fragments of roots, which were extracted about two months before he came to me. Two days later he had been awakened at night by bleeding, as he supposed, from the place where the roots had been extracted, and the oozing had continued for about forty-eight hours. At the same time there was subconjunctival hæmorrhage of the right eye, and a purpura of the skin of the upper eyelid and of the backs of the hands and feet. He did not remember any rheumatic pains during the attack, but he was quite positive that he had never had any similar eruption before, and there was no history of a hæmorrhagic diathesis in the family. The blood was normal.

The opinion was given that there would be no risk in extracting a tooth, as the patient was considered to have simply had an unusual attack of purpura rheumatica with bleeding from the mouth, and little or no pains in the joints. It was thought that the hæmorrhage was in no way connected with the removal of the fragments of tooth, and that the patient's story of the bleeding being only from the wound in the gums was not an exact observation. The likelihood of the patient having hemophilia seemed to me to be very remote, as he gave no history of any similar bleeding either in himself or in his family. He had the tooth extracted, for which he sought my advice, and it was not followed by any unusual bleeding.

This opinion was given August 8th, 1894, and September 12th, 1895, I was called again at 9.30 a.m., to see the man. That morning at five o'clock he had wakened with pains in the ankles, knees, hips and in the metacarpo-phalangeal joints. The pains were most marked in the hips. On awaking he had vomited quite a large quantity of blood. The gums were oozing blood, the hæmorrhage coming from beside the outside of the upper and lower right and left molars—mostly free, however, from the outer side of the lower right molars. There was a pinhead-sized bright red hæmorrhage in the conjunctiva of the right eye over the sclerotic of the outer segment of the eyeball, which he said looked exactly the same in the previous attack, and there were several purpuric spots in the integument of the right side of the neck, over the breast bone and elbow tips, and into the skin of the thighs, and over the second joint of the right middle finger. The next day some very small hæmorrhages were noticed in the integument of both eyelids. As in the previous attack the hæmorrhage from the gums lasted about forty-eight hours, and after

the second day no new hæmorrhages were noticed in the skin, and as for the pains in the joints, they had only been present during the first half day. There was no rise of temperature nor acceleration of pulse-rate, and except for the symptoms enumerated, the patient felt perfectly well during the entire attack.

While questioning him to ascertain the cause of his trouble, it transpired he had taken a five-grain dose of quinine the night before for a cold, "even as you and I"; and then he remembered that just before the previous attack he had taken a ten-grain dose of quinine. He said that quinine always had a disagreeable effect on him, causing sickness of the stomach, insomnia, slight headache and buzzing in the ears. Three years before coming to me, however, he had taken the muriate of quinine for a considerable time in twenty-grain doses a day, for what his physician said was malarial poisoning with enlargement of the spleen. The case therefore stood as follows:

A man who had previously taken large doses of quinine with only a few disagreeable sensations, such as ringing in the ears, sickness of the stomach, etc., got, after taking a ten-grain dose of quinine, a purpura, with bleeding in the mouth. He believed this bleeding to come from the side of a tooth from which a number of fragments had recently been removed. Another similar attack occurred after a five-grain dose of quinine, and this time the bleeding in the mouth was certainly not from any wound or ulcer, but was clearly an oozing from the gums beside the molar teeth. The patient was positive no quinine had been taken in the interval between the first and second hæmorrhagic attacks.

In a letter written on June 18, 1897, the patient stated that he had had no hæmorrhagic attacks since September, 1895, and also that he had carefully abstained from taking quinine.

Of course, one is aware when studying an uncomplicated case of purpura like the above, that one has to do with a single symptom, minute hæmorrhages, and that quite a number of diseases and toxic substances occasion such hæmorrhages. It was certainly not a case of sporadic scurvy, because the purpura was not particularly in the lower extremities, nor was there any cedema or pain, or painful swellings of the legs. The gums were not swollen or fungous or painful; there was no anemia or loss of strength, and the patient had good hygienic surroundings. It was also clearly not the purpura accompanying any of the acute febrile diseases.

It was more difficult to differentiate it from peliosis rheumatica, but even here there were points of difference. The general appearance of the patient was much better than it usually is when peliosis rheumatica

is accompanied by copious hæmorrhages from the mucous membranes and in such severe cases there is generally much more extravasation of blood into the skin than was present here. Then, again, the joint symptoms are generally more marked, for in this instance there was only slight pain and no redness or swelling. Furthermore, in peliosis rheumatica there are almost always several successive crops of purpuric spots, and the whole process lasts two or three weeks, while in the case in hand a considerable number of spots appeared on the first day, only a few the second day, and none afterwards. The first attack, that I did not see, seems to have run fully as short a course.

The fact that the patient had previously taken large doses of quinine without experiencing any such serious effects, would seem to invalidate the diagnosis of a quinine purpura; but, as shown by Allen (1) and by Morrow, the susceptibility to quinine poisoning may be acquired. A person who may be able to take quinine now with few or no bad symptoms may afterwards suffer most disagreeable oblique effects on taking a small dose of the drug.

To sum up, the diagnosis of quinine poisoning was made, first, because of the short course of the purpuric attacks, as well as on account of some other minor differences from the usual course of peliosis rheumatica, which it most closely resembled; and, secondly, because both attacks followed doses of quinine, a drug that is known to give rise to just such hæmorrhages.—*Boston Med. Surg. Jour.*

A CHINESE EDITION OF GRAY'S ANATOMY.—Dr. H. T. Whitney, President of the Medical Missionary Association of China, is engaged in the laborious task of translating Gray's *Anatomy* into Chinese. The undertaking has impressed Dr. Whitney's former associates in the Northern Ohio District Medical Society as one of such magnitude that they have come to his assistance by passing a special resolution congratulating him and wishing him Godspeed in his work.—*Boston Medical and Surgical Journal*.

BLENNORRHAGIA.—Vatter (*Cornica médica*) prescribes the following:

R	Hydrastine bichloride.....	3¾ grains;
	Antipyrine.....	375 "
	Distilled water	6¼ ounces.

M.

Four injections daily, to be retained as long as possible. The antipyrine serves to stay the smarting.—*New York Medical Journal*.

College of Physicians and Surgeons of Ontario in Session.

THE Medical Council of the College of Physicians and Surgeons of Ontario assembled for its thirty-third annual meeting at two o'clock, July 6th, in the Medical Council building, corner of Bay and Richmond streets. Dr. J. Thorburn, of Toronto, the retiring president, called the meeting to order, and the following members were present : Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Douglas, Emory, Fowler, Geikie, Griffin, Henderson, Henry, Logan, Luton, Moore, Moorehouse, McCrimmon, McLaughlin, Rogers, Roome, Sangster, Spence, Taylor, Thorburn, Thornton and Williams.

Immediately after the roll-call the election of officers took place, resulting as follows :—President, Dr. Luton, St. Thomas ; Vice-President, Dr. W. F. Roome, London ; Registrar, Dr. R. A. Pyne, Toronto ; Treasurer, Dr. H. Wilberforce Aikins, Toronto ; Solicitor, Mr. B. B. Osler, Q.C., Toronto ; Stenographer, Mr. Alex. Downey, C.S.R., Toronto.

DR. THORBURN'S ADDRESS.

Dr. Thorburn, the retiring President, then delivered his address, thanking the members for the honor they had conferred upon him in electing him President of the Council. He spoke of the many changes that had occurred in the membership during the year, making special reference to the death of Doctors Burns and Shaw.

Referring to the examinations, Dr. Thorburn said that he was pleased to be able to state that they had been thoroughly and efficiently conducted. He suggested, however, that a more suitable allotment of work for each examiner be made, in order that the work of the Board could be more equitably distributed.

The matter of prosecuting illegal practitioners, he said, had been carried on as vigorously as possible. He had noticed in connection with this that numerous complaints had come from members of the college regarding fifth-year students, who had gone to country places to practise with a view to putting in the year of practical work demanded by the curriculum. The difficulties arising out of the existing regulations, he thought, would become a serious question, and called for immediate attention.

After referring to the prominence that the subject of interprovincial

registration had taken recently, Dr. Thorburn closed his address by introducing Dr. Luton, the president-elect.

Resolutions of sympathy were passed to the families of the late Dr. Shaw, of Hamilton, and Dr. J. H. Burns, of Toronto, who died during the year. Both gentlemen were members of the Council at the time they died, Dr. Burns having just been elected on the day of his death.

STANDING COMMITTEES.

The following standing committees were appointed: Registration Committee, Drs. Fowler, Campbell, Hanly, McLaughlin, Griffin, Taylor, McCrimmon; Rules and Regulations Committee, Drs. Hanly Armour, Spence, Henry, Barrick; Printing Committee, Drs. Barrick, Taylor, Emory, Spence, McLaughlin; Education Committee, Drs. Britton, Bray, Emory, Dickson, Moore, Moorehouse, Rogers, Sangster, Williams; Property Committee, Drs. Campbell, Dickson, Thorburn, Williams, Thornton; Complaints Committee, Drs. Geikie, Fowler, Logan, Thorburn, Douglas.

BREACHES OF THE ACT.

The Council went into a Committee of the Whole for the consideration of the report of the Special Committee on Prosecutions, the first clause of which stated that four meetings had been held, and complaints had been submitted at each meeting. The second clause announced that a number of anonymous communications, complaining of breaches of the Medical Act, had been received, but they were not acted upon. Occasion was taken to inform members of the profession that all communications relating to such charges were treated confidentially.

Considerable discussion resulted from the third clause, which was to the effect, that on investigation a large number of the offenders were found to be fifth year medical students. In some instances they were practising several miles away from established practitioners, although professing to be their students. Quite frequently they were found to be pursuing their profession utterly regardless of the law. Several members of the Council thought that they should not be too severe on such offenders, claiming that they could not gain admittance to the hospitals. Others contended that they could pursue hospital work if they were willing to pay for it, and thought that if any leniency was exhibited toward them, the object for which the fifth year was on the curriculum (practical experience before entering on active practice)

was lost. The clause was finally referred to the Educational Committee. The last clause, recommending the re-appointment of the committee, was carried, and the meeting was adjourned to meet again this morning, after endorsing the report as amended.

DOMINION REGISTRATION.

Dr. Armour, of St. Catharines, gave notice that he would move the following resolution at this morning's session: "That this Council hereby places on record its willingness to co-operate with the medical organizations of the several Provinces and territories to establish an office of Dominion medical registration, whereby Provincial practitioners may secure the right to practise their calling in all parts of Canada on the following basis: The several Provinces shall require a course of professional study of not less than four years, with sessions of eight months each, and shall have a central examining board, before whom all students and applicants must pass before receiving Provincial registration, when all Provincial licentiates of five years' standing shall be entitled to Dominion registration."

FINANCES AND ESTIMATES.

The financial statement was presented, showing the receipts of the year to have been \$51,622.30, including a balance of \$790.83, carried over from last year. The expenditures amounted to \$50,782.49, leaving a balance on hand of \$839.81. The estimates for next year were submitted, amounting to \$19,485.29.

WEDNESDAY.

The Council reassembled at 10 o'clock with the President, Dr. Luton, in the chair, and all the members present.

Dr. Sangster gave notice that at a subsequent meeting he would move, "That in the opinion of this Council all institutions which have ceased to exist or which merely hold their charters in abeyance, no longer either teaching medicine or granting degrees therein, are not entitled to continued representation in this body."

The Registrar read a communication from Mr. C. W. Walter, asking the Council to reconsider his examination held at the last test for licentiates.

DOMINION REGISTRATION.

The following resolution, notice of which had been given on Tuesday, was then moved by Dr. Armour and seconded by Dr. McLaughlin, "That this Council hereby places on record its willingness to

co-operate with the medical organizations of the several Provinces to establish an office of Dominion medical registration, whereby provincial practitioners may secure the right to pursue their calling in all parts of Canada on the following basis : The several Provinces shall require a course of professional study of not less than four years, with sessions of eight months each, and shall have a central examining Board before whom all students and applicants must pass before receiving Provincial registration, when all Provincial licentiates of five years' standing shall be entitled to Dominion registration."

In support of his resolution Dr. Armour said :—With the fifteen minutes at my disposal I will only have time to refer briefly to some of the leading features of this important question. It is a question that not only the members of this Council and medical men of Ontario, but the profession of the Dominion, are mutually interested in and desirous of solving. Wherever and whenever the subject has been discussed, before medical societies or in medical journals, there has been, so far as I know, a unanimity of opinion in favor of inter-provincial or Dominion medical registration. Any differences that existed have been as to the best method of adjusting the conflicting interests that lie in the way of this desirable object. Had the fathers of Confederation made provision for Dominion medical registration, we would not have the present difficulty to contend with, but unfortunately in this respect educational matters were left solely with the Provinces, and interests have grown up that make it difficult to arrive at a national uniformity, and when arrived at to apply the means to utilize it.

That a medical practitioner, competent to practise his profession in one Province of our fair Dominion should be ineligible to exercise his calling in all, is a reflection on the co-operative unity that should characterize a progressive and liberal profession. It is not likely that many practitioners would care to change from one Province to another, but should they desire to remove to any part of the Dominion, on account of their health, or for other reasons, as a citizen of this free country they should have the privilege of doing so. To those practising near the boundaries of the several Provinces, inter-provincial prohibition is very vexatious. That a medical man passing a Provincial boundary in the pursuit of his calling should become liable to fine or imprisonment is a disability calling loudly for redress. Perhaps in no other country are these restrictions so exacting as they are between our Provinces. Great Britain, Ireland and all her autonomous colonies have arrangements for reciprocal medical registration. Such hostile countries as France and Germany have an

international arrangement for reciprocal privileges of this kind for fifteen miles on each side of the boundary line of these countries. These are examples by which the medical profession of Canada might profit. When international interests can be made to yield to this necessity, surely it is possible to adjust interprovincial to the same purpose.

The ideal form of Dominion registration would be to establish a common standard of preliminary and professional education, and have all pass a uniform examination, but while the several Provinces have different systems of education it would be with great difficulty that even a uniform standard of matriculation could be adjusted. If an absolute Dominion registration was granted on a basis of different Provincial standards, it would be putting at a premium the lower standards, and the Provinces that had the lower standard would have the bulk of the students to educate. A five-years' Provincial probation, as provided for in the resolution, would in a great measure obviate this. It would also give time for compensating from practical experience for some of the disabilities connected with the inequalities of the preliminary and professional educational standards. The five years' stipulation would only temporarily deprive about ten per cent. of the provincial profession of Dominion registration, while the other ninety per cent. would have all the privileges connected therewith.

CENTRAL EXAMINING BOARD.

All the Provinces have central examining boards, but it is not obligatory that all students or outside graduates pass the examination of the Board, except in Ontario and Manitoba and British Columbia, with some insignificant exceptions. The advantages to be gained from Dominion registration should make it easy to have the several Provinces make it obligatory that all desiring registration should pass the Central Examining Board. All the Provinces except British Columbia require a four years' course of medical study before being admitted to examination for license to practise, and there should not be any difficulty in getting British Columbia to raise her standard to a four years' course. Ontario alone requires a five years' course. In my opinion the public and professional interests require that this be maintained, and it is to be hoped that in the near future the other Provinces will raise their standard to a five years' course. The five years' Provincial probation would, in some measure, protect the medical interests of Ontario from being seriously affected by this inequality of curriculum. There would probably be little difficulty in securing a uniform standard of four sessions of eight months each. There are

none of the Provinces in which this requirement at present exists, except in Ontario. McGill University requires, I believe, four sessions of nine months each, but the Province of Quebec only requires four sessions of six months; Manitoba also requires four sessions of six months each, and the remaining Provinces three sessions of six months each. The Medical Councils of Quebec, Prince Edward Island, Nova Scotia, New Brunswick and Manitoba have already signified by resolution their approval of an eight months' session, with a view of reciprocity. British Columbia and the Territories would have to comply. If anything is to be accomplished in this line, Ontario, that has the highest standard, must be prepared to meet the other Provinces in a liberal and a generous spirit. While I do not approve of lowering our standard, the conditions of the resolution, if they should be carried out, would have the effect of considerably increasing the standards of the other Provinces, leaving Ontario free to maintain hers as at present.

The establishment of Dominion medical registration would entitle us to the privilege of reciprocal registration with Great Britain, giving Canadian practitioners all the advantages connected therewith. I trust the resolution will receive the careful consideration of the members, some of whom, notably Drs. Thorburn, Bray, Moore and Thornton, have heretofore shown a deep interest in the question, and that it may after careful consideration receive the approval of the Council.

SENT TO A SPECIAL COMMITTEE.

Dr. Logan proposed that the resolution be sent to the Educational Committee, with instructions to that body to bring in a report on the matter which would then come up for general discussion.

The proposal to send it to this committee, brought on a discussion, in which all who spoke touched on the general question of Dominion registration. Great unanimity of opinion was expressed as to the urgency of such a measure. There was a difference of opinion, however, as to the committee to which the matter should be referred.

A number of members were favorable to sending it to a special committee, some of them contending that the Educational Committee was already overworked. Dr. Geikie opposed it being sent to the Educational Committee, on the ground that this committee had not upon it a sufficient representation of medical college professors.

Dr. McLaughlin, of Bowmanville, very strongly objected to the schools having too big a finger in the pie.

A suggestion from Dr. Rogers, that the question be taken up in committee of the whole Council, did not receive support, and finally

when Dr. Brock withdrew his motion to send the matter to the Educational Committee, a resolution, moved by Dr. Douglas, that that question be sent to a special committee of the following, was adopted: Drs. Fowler, Britton, Logan, Moorehouse, Geikie, Rogers, Williams, McLaughlin, Moore and Armour.

THURSDAY.

DISCIPLINE COMMITTEE'S REPORT.

The entire morning session of the Council was devoted to the consideration of the report of the Discipline Committee, presented by Dr. Bray.

The report dealt with the cases of those who, in the opinion of the committee, had forfeited their right to remain members of the medical profession in Ontario.

Dr. Albert William Sovereign had four accusations laid against him, being charged with travelling with a quack medicine company, called the Kamma Jr. Hindoo Remedy Company, and charges in connection therewith.

Dr. McLaughlin formally moved that, on the report of the committee, the name be expunged, dwelling on the misconception in the mind of the public regarding this committee, which really existed to protect the public from fraud, and was, at its own expense, doing the work of the Attorney-General.

After discussion, the motion carried, and the name was erased.

The next case was that of Dr. John Kirkpatrick, charged with acting in a medical capacity for the Munyon Company.

There were mitigating circumstances in this case, as Dr. Kirkpatrick had simply diagnosed cases for the Munyon Company, severing his connection with them when advised, and throwing himself on the mercy of the court.

In pursuance with the tone of feeling of the Council, Dr. Kirkpatrick's name was allowed to remain on the register.

Dr. Bessey, the third member, against whom charges were laid, was present with counsel. The Doctor's shortcomings covered a number of years. He was accused of advertising himself as the greatest Canadian specialist, appearing under a name other than his own. There were a variety of other charges.

Despite his own representations and that of his counsel, Mr. Foulds, on motion of Dr. Douglas, Dr. Bessey's name also was removed.

A communication was read from medical practitioners of Halton and district, praying that the name of Dr. S. A. Carter, of Halton,

might be restored to the roll. The communication stated that Dr. Carter had always maintained his innocence of the charge—malpractice—that no ill had resulted from it, and that the Doctor was held in high esteem where he lived. The matter was referred to the Registration Committee to report.

Dr. Sangster, seconded by Dr. Armour, moved his motion to the effect that certain institutions which had lost the right should no longer send members to the Council, but the matter, after discussion, was left over, owing to the absence of Drs. Thorburn and Griffin.

In the afternoon the charges against Dr. Richard Allen Clark, M.D., for whom William Lount, Q.C., was counsel, were taken up, Crown-Attorney Curry being retained by the Council. The Doctor was accused, in brief, of unprofessional conduct with the Munyon Company.

Crown-Attorney Curry gave a resume of the evidence against Dr. Clark, who diagnosed cases for the Munyons. His duty, said the counsel was to prescribe as many remedies as the pocket of the patient would stand. He diagnosed cases, but he also diagnosed the pockets. Dr. Clark did not know the nature of the medicine he prescribed. There was a headache cure, to cure headache of every kind. Patients who could ill afford it were victimized, said the counsel.

When a patient appeared at the Munyon office with a real disease, he would receive a prescription put up at a drug store, to which the label of the Munyon Company was affixed as a "personal prescription." Then, if cured, the impression was that this had been effected by the remedies of the Munyon Company.

"I contend," said Mr. Curry, "that it was Dr. Clark's duty to either put a stop to what was going on, or leave the service."

Mr. Curry held the "Guide to Health" of the Munyon Company up to considerable ridicule. In his opinion, an English case, whereby Dr. Hamilton Hart had lost his standing through connection with this company, was not as strong as the present one against Dr. Clark.

Mr. Lount, in reply, asked that the evidence be thoroughly examined, independent of the finding of the committee. "It is no light matter," said he, "to take away a man's livelihood, as in the case of Dr. Clark, when he has reached the age at which he is unable to devote himself to any other method of earning a living."

Mr. Lount contended that Dr. Clark had nothing whatever to do with the control of the Munyon institution; he had his specific duties, but outside of them exercised no control. There was not sufficient proof for the report of the investigating committee.

The Council was then resolved into a Committee of the Whole to decide upon the matter, and various questions were propounded.

Dr. McLaughlin then rose and stated that the association of Dr. Clark with the Munyon Co. and their methods, was clearly proven. The course of the Council was clear.

Dr. Williams, of Ingersoll, thought the report of the committee should have been clear in the matter of Dr. Clark's connection with the advertisements.

Dr. Britton and others, also spoke, and finally a motion to concur in the decision of the Discipline Committee was adopted. Taken by yeas and nays, it was shown that the will of the Council was that Dr. Clark's name be removed from the register of the College of Physicians and Surgeons.

Dr. George B. Gray, of Elora, was the next cited by the Discipline Committee, who came to the conclusion that, from his connection with the Munyon Co., his conduct was "infamous and unprofessional."

Mr. Lount said that in this case the charges and findings were the same, and he asked the Council to consider repeated all he said on behalf of Dr. Clark, for Dr. Gray.

DECEIVED BY FALSE PRETENCES.

Crown-Attorney Curry said it appeared from the evidence of a young woman in charge of the Munyon Co.'s office on Albert street, that a patient was so treated as to induce him to come back.

Money was received under false pretences from these poor people ; pellets were bought by the barrel, and quart bottles filled with fluid with some of these pellets constituted an extract, well shaken up, and furnished to patients by ignorant girls.

Mr. Curry also detailed the method of procuring testimonials, which was known to Dr. Gray.

Dr. Gray appeared in person to answer the charges. He denied furnishing names of those likely to give testimonials. He admitted that when patients drove up in carriages he made their prescriptions more expensive. He had, he said, answered over 6,000 letters, not one of which was produced against him ; he knew nothing about the Headache Cure. He would not accuse Dr. Evans of perjury, only because that would presuppose his knowledge of the truth.

He had severed his connection with the Munyon Co. two months ago, and if his sentence was suspended, would pay the costs of a special committee to investigate his case. He believed a number of companies were about to start in Toronto. Both cases might be disposed of then.

Dr. Britton displayed his legal acumen in several questions. "In what are you an eminent specialist?" said he.

"I consider, in the application of remedies to disease, I am a specialist. I will not say 'eminent,'" was the answer.

Dr. Gray spoke for half an hour in his own defence, and made a good showing.

Dr. Sangster's allopathic indignation came out in fully matured satire, when he moved that the name be erased.

"The newspapers," he said, "should not lend themselves to advertising patent medicine editorially. I am glad the great Toronto dailies have not lent themselves to anything so disgraceful."

Dr. Thornton seconded the motion, and out of 27, the vote stood 26 yeas and one nay, that of Dr. Emory.

And so when Dr. Gray walked out he was no longer a doctor.

The Council then adjourned, and in the evening a by-law was passed changing the date for the nomination of territorial representatives from October 9, to November 8, and the elections from October 16, to November 15.

Dr. Barrick gave notice of a question to be submitted to electors at the next general election of the Council, viz: "Are you in favor of the total abolition of lodge contract practice?"

FRIDAY.

HOSPITAL ABUSE AND LODGE PRACTICE.

Dr. Spence moved that Drs. Barrick, Emory, Sangster, Geikie, Thorburn and Spence be appointed a committee to confer with a committee appointed for the same purpose by the Ontario Medical Association, to consider and report some means of mitigating the evils of free hospital practice and lodge practice. A breezy discussion followed, albeit the Council was unanimous in recognizing the evils named. Dr. Thorburn said he thought the matter wholly without the province of the Council.

Dr. Sangster said he thought both questions very important. The medical profession of the Province was being encroached upon on every side. Druggists, patent medicines, hospitals, and lodges, all had their share in the encroachments. The profession was now in such a starved and poverty-stricken condition that many men could no longer live honourably in it.

Dr. Moore, of Brockville, said he was very sorry to hear Dr. Sangster say that the profession was in a poverty-stricken condition. It was not so in the east of the Province.

The Chairman, after some further desultory discussion, declared the motion to be out of order, as being without the purview of the

council. Dr. Spence appealed to the Council, and the chair was supported by a vote of 2 to 26.

Later in the day the issue was fought over again, when Dr. Barrick's motion to take a plebiscite of the medical profession on the subject of abolishing contract and lodge practice came up. A number of doctors wanted to know what good it would do. It would be quixotic, in their opinion, to expect that the Legislature would abolish lodge practice. Dr. Campbell summarized the matter by saying that there was no objection to contract practice except that the fees received were sometimes below the recognized figure. As soon as he could get a word in edgewise the President ruled the motion out of order, and was sustained by the chair.

Dr. Rogers, Ottawa, moved that after July of 1902 the matriculation of the Council be a degree in arts. This was not to be considered as a means of preventing the overcrowding of the profession, though it certainly would have that effect. He thought four years sufficient notice of the change. It would be for the benefit of the people. It would mean that law and divinity would adopt a like standard, and the people generally would aim at higher education. Such an education would enable candidates to better grasp the theory of medicine. At present the educational standard of the profession was not above that of merchants' clerks, and the public estimate of the profession was proportionate thereto.

Dr. Barrick had three objections to the motion, that it was inadvisable to be continually tinkering with the matriculation, that it was a question with which the committee on inter-provincial registration ought to deal, and that at any rate it ought to be left to the new Council.

Dr. Dickson seconded the motion.

Dr. Britton opposed the motion. He cited his own case as one who would have been shut out of the profession by such a matriculation, and he thought nine-tenths of the profession were in the same position.

Dr. Geikie made sport of the motion and its author. Becoming serious, he said to pass it would be the death blow of the Council. The legislators were the masters of the Council, and they, with but one or two exceptions, would say, "We told you what this close corporation would do. Now they want to close their doors to every poor man's son in the country." The motion, he said, was nonsensical, and indicated a lack of common sense in the mover.

The discussion was participated in by most of the members, only the mover and seconder supporting it, although Dr. Moorehouse approved the principle, but thought the time inexpedient.

The history of the matriculation standard was very much discussed. Finally Dr. Rogers replied, and blamed the school men for opposing the motion. He then withdrew it and the council adjourned.

REPRESENTATIVES BY STATUTE.

Yesterday afternoon Dr. Sangster's motion to exclude the representatives of medical colleges which have been merged into other institutions, was taken up. Dr. Griffin, the representative of Victoria College, rose to a point of order. He maintained that the institution he represented had still a corporate existence.

The President, Dr. Luton, ruled the motion out of order on the ground that the Council could not change the representation established by the Legislature.

Dr. Thorburn, representing the Toronto School of Medicine, and Dr. Geikie, of the Trinity Medical School, were allowed a chance to be heard, however. The former did not think it seemly that members should try to oust originators of the Council. Dr. Geikie also expressed his intention of staying where he was.

Dr. Sangster then gave notice of another motion dealing with the same matter, at the same time denying all personal animus. His motion is: — "That it is not in the interests of the College of Physicians and Surgeons of Ontario that educational bodies which no longer teach medicine or grant degrees therein shall continue to have representation in this Council, and that legislation directed to the removal of the existing injustice in that respect shall be sought for on the first expedient occasion."

The Council went into Committee of the Whole on the subject of levying the annual assessment of \$2. Dr. Rogers favored the retention of this fee. Dr. Armour opposed any assessment this year, as the Council had a surplus. Dr. McLaughlin supported him, and there was some variation of opinion. The \$2 assessment finally carried by 15 to 4. Many members then retired.

TO SELL THE BUILDING.

A motion by Dr. Roome, seconded by Dr. Douglas, in favor of selling the present building created a long discussion. Many expressed opinions which coincided with that of Dr. Roome, that the building was an incubus. During the debate, however, a sentiment against sacrificing the property, was developed, and Dr. Campbell moved an amendment in favor of a knockdown price of \$90,000. Dr. Rogers pointed out that even with a yearly loss the use of the building was worth \$4,000 per annum to them, and that in a few years' time the

property could be sold for \$100,000. This speech made a strong impression, and Dr. Campbell's amendment carried.

EVENING BUSINESS.

The Registration Committee reported in the evening, refusing the applications of S. A. Carter and Robert McCullough for re-registration. Dr. A. J. Rayson, of Neebish, Chippawa, Mich., made application to be allowed to visit professionally on an island near his home, but in Canadian territory, stating that otherwise the residents would have to send a long way for a physician. The Committee recommended that the Council had no power to grant permits.

A long discussion took place upon a motion to elect officers by ballot. It was decided by a large majority to continue the present practice of electing by open vote. Considerable time was spent also upon internal routine.

SATURDAY.

When the Council came to order for business at ten o'clock in the morning, the Executive Committee was elected on motion of Dr. Rogers. It is composed of Drs. Luton, Roome and Britton.

Dr. Brock then introduced a motion that the Council adopt some means of placing before the public the evidence in the Munyon cases which had been adduced before the Discipline Committee.

Several of the members expressed the opinion that such a proceeding would involve a greater cost than the results sought to be obtained would be of advantage.

The suggestion that circulars containing this evidence be printed and distributed among the medical practitioners and newspapers of the Province did not meet with approval. Dr. Barrick said that if the evidence were published in the annual announcements it would serve all purposes, and that to go beyond this would be contrary to the dignity of the Council.

The motion on being put was lost by a vote of 10 to 9.

TO EXCLUDE EDUCATIONISTS.

Dr. Sangster then introduced his resolution, notice of which had been given the day previous: "That it is not in the interests of the College of Physicians and Surgeons of Ontario that educational bodies which no longer teach medicine, or grant degrees therein, shall continue to have representation in this Council, and that legislation directed to the removal of the existing injustice in that respect shall be sought for on the first expedient occasion."

In introducing it he disclaimed any intention of hurting the feelings of Drs. Geikie, Thorburn, Fowler and Griffin, whose right to seats at the Council the motion called in question. He was simply performing what he regarded as a duty to his constituents. A great many practitioners throughout the Province were of the opinion that the educational institutions which were represented by these gentlemen were not entitled to a voice at the Council.

Dr. Britton said that it would be a mistake to go to the Legislature with such a request as that suggested in the resolution. The legislators would tell them to go back and continue as they were. He regarded the resolution as a blow, he would not say a stealthy blow, but it was in that direction, aimed at Toronto, Queen's, Trinity and the western Universities. He considered that the exclusion from the Council of the appointed representatives of these institutions would be a great blow to the Council and the profession generally.

Dr. Geikie said, in the course of a speech in opposition to the resolution, that the Medical Council rested solely on an act of the Legislature, and so did Trinity Medical College. The rights of the College were perfectly secure, as the Legislature would see that they were retained in possession of them. It was since some of the members of the Council had shown a disposition to exclude all the educationists from the direction of the Council that trouble had occurred with the Legislature. It would be a miserable rump of a Council, he exclaimed, if the educationists were excluded.

Dr. Moore said that the Council had its origin in the work and efforts of the school men, and it was monstrous to contend that they were there by an unrighteous act.

Dr. Fowler said that before the Council was established the Royal College of Physicians and Surgeons of Kingston had possessed the right to confer degrees and licenses to practise in Ontario. This right they had yielded up in exchange for representation at the Council. If that representation should be taken away they would claim the right they originally possessed, namely, the right to grant degrees and licenses independent of the Council. He was confident that this right would be given them.

Dr. Thorburn characterized the resolution as a mean attempt to deprive the educational institutions of the rights they had handed over to the Council.

Dr. Brock moved in amendment, seconded by Dr. Logan, that as the question was a legal one, it should be referred to the solicitor, and no action be taken by the Council until his opinion had been obtained.

Dr. McLaughlin and Dr. Sangster both argued that the amendment was out of order, and Dr. McLaughlin said that the colleges had been anxious for the institution of the Council, so that they might exclude the graduates of other than Ontario colleges practising in the Province, and so bring grist to their own mills.

The amendment was then put and carried by a vote of 16 to 7.

FINANCE REPORT.

The report of the Finance Committee, which was then presented, stated that the college indebtedness had decreased considerably since last meeting. The annual assessments had been more promptly and generally paid than in the past. The assets were placed at \$114,839, and the liabilities at \$63,732, leaving a balance in favor of the college of \$51,107.

Dr. Armour took exception to a clause in which \$317 had been paid to Prosecutor Wasson, over and above his salary, for expenses in connection with prosecutions. He contended that the original agreement with Mr. Wasson was that if the costs obtained from prosecutions did not cover the expenses of the proceedings, the balance should be paid by Mr. Wasson himself. He thought this agreement should be adhered to.

Dr. Bray pointed out that Mr. Wasson was acting, by resolution of the Council, under instructions from the Prosecution Committee, and it would be a small and unfair thing to ask Mr. Wasson to be out of pocket where he was working in the interests of the profession and of the Council. He asked Dr. Armour how he would like to be personally out of pocket under such circumstances.

Drs. Barrick and Thorburn corroborated the statements of Dr. Bray, and the matter was dropped.

Detective Wasson was again appointed prosecutor for the Council at the old salary.

The report of the Education Committee was then presented, considered and adopted. A great many petitions, the majority of which were not granted, were read. Those whose petitions were successful were: Mr. D. C. Wilson, granted with reservation; Dr. Burdon, a British practitioner who will be admitted to practise on passing the Council's examinations; G. E. McCartney, under certain conditions; Septimus Thompson, E. R. Hooper, H. H. Elliott, C. E. Elliott, F. A. Clarkson, A. A. Sheppard, J. L. Turnbull, Henri Labrossi. Licenses will be granted to Dr. Johnson, Dr. T. H. Shipman, Mr. W. D. McNab and Mr. A. L. Foster, when they pass certain prescribed examinations. The following were appointed examiners: Dr.

Grassett, Toronto ; Dr. Mundell, Kingston ; Dr. Howitt, Guelph ; Dr. Fraser, Sarnia ; Dr. Welford, Woodstock ; Dr. Williams, London ; Dr. Acheson, Galt ; Dr. Small, Ottawa ; Dr. McLellan, London ; Dr. O'Reilly, Toronto ; Dr. Third, Kingston ; Dr. W. P. Caven, Toronto ; Dr. E. T. Adams, Toronto.

INTERPROVINCIAL REGISTRATION.

The report of the Committee on Interprovincial Registration was presented by Dr. Williams. The report was favorable to the proposal, and the suggestion was made that the members of the Ontario Council who attend the meeting of the Canadian Medical Association at Quebec in August press the matter and arrange a Conference with the medical men from the other Provinces. The following committee was appointed to take the matter in hand at Quebec: Drs. Thorburn, Dickson, Moore, Rogers, Pyne, Williams, and Taylor. The committee was empowered to add to its numbers.

THE MEDICAL TREATMENT OF GASTRIC ULCER.—Dr. A. A. Berg, in *Medical Record* for July 30, comments on the treatment of the above trouble as follows: "In anæmic and dyspeptic persons, much can be done to prevent ulceration of the stomach by regulation of the diet, by aiding digestion by ferments, and by increasing the muscular tone of the stomach wall. When ulceration does exist, general fluids and soft, mushy diet should be ordered. Any food, leaving coarse, lumpy pieces should be prohibited, as these lumps, in passing through the pylorus, cause spasm. Lavage of the stomach is useful; but great care should be taken where there is much hæmorrhage, or localized peritonitis, indicating deep ulceration. The employment of digestive ferments to aid the stomach in its work is useful. Bismuth relieves the gastric spasm very much, but does not coat the ulcer and cause it to heal, as many state. If the patient is debilitated, rest in bed is proper, otherwise proper exercise."

THE MEDICAL PROFESSION IN FRANCE.—M. Henry Bérenger, in *Revue de Revues*, states that there are about 13,000 doctors in France. Of the 2,500 in Paris, at least 1,200 are not making much more than half a livelihood. Of the 10,000 throughout the country, only one-half earn a decent living, the other half are doing something in addition to their professional work to eke out an existence. This is a fine outlook for the hopefuls who are still rushing into the medical profession in France.—*B. M. J. and Phil. M. J.*

Editorials.

The Bacillus of Typhoid Fever.

DR. SIDNEY MARTIN, of University College, London, and Croonian lecturer, devotes a good deal of attention to the above subject, in his recent lectures. From a study of these lectures we gather several very important opinions.

In the first place there is, in many respects, a very close resemblance in the biological characteristics of the typhoid bacillus, the bacillus enteritidis of Gärtner and the bacillus coli communis.

In the next place, the virulency of the typhoid bacillus is greatly increased by its method of culture. This throws a good deal of light on the difference in the severity of attacks of this disease.

Further, the author argues that, though some strong arguments have been advanced to show that typhoid fever is a general disease, he is of the opinion that it is local to begin with, the germ finding its way into the intestinal canal first; and from thence, into the spleen, urine and blood.

Then again, in some cases of typhoid fever, there appears to be pure infection; but in many others, there is a mixed infection, as the bacillus coli, and Gärtner's bacillus became much more virulent during the course of typhoid, and consequently they often play an important part in the general results. Cases in which there is infection by the bacillus coli, during the course of typhoid, have been observed to give rise to abdominal abscesses and cystitis.

The Medical Council and the "Medical Review."

AT the recent meeting of the Medical Council, a number of the topics that occupied a large share of the time and attention of the Council of the College of Physicians and Surgeons of Ontario, are those which THE CANADIAN MEDICAL REVIEW has frequently dealt with. Among these subjects we may mention the following: "The infamous methods to which some resort in the conduct of their practices;" "Lodge and contract practice;" "The abuse of hospitals and charities;" "Dominion Registration;" and the fact that three members sit in the Council for bodies that have no medical existence.

Dr. Barrick made a proper move when he asked that at the next

general election to the Medical Council a plebiscite of the medical practitioners be taken on the question "Are you opposed to lodge practice."

Then comes the other hydra, the hospital and charity abuse. It has grown in this country to a frightful extent. The medical men themselves have really no idea how much of their legitimate income is going to subsidized institutions. There is great room for reform, and this reform the medical practitioner should have. Dr. Sangster called attention to the poor incomes of so many doctors. In all this we know he was only too true. He deserves many thanks for his bold and outspoken course, as the colleges are again flooding the country with their attractive announcements.

We cannot speak too strongly against the abuse of allowing a representative to Toronto School of Medicine, which has no real existence; to Victoria University, that years ago ceased both to teach and to grant degrees in medicine; and to Queen's, which has no right to one, when the Medical School in Kingston has one. This loading down of the Council by members elected by statute must soon have an end. How long will the general practitioner allow his rights to be ruled by the representatives of these institutions which have no claim whatever to a voice in our medical parliament. Just as well give a representative to McMaster University or the School of Pedagogy.

Lodge Practice.

IN the *Medical Record* for July 16th, Dr. Hillis has a particularly good article on lodge practice and the lodge doctor. We would strongly urge our readers to study the article. The following points may give some of the main features of the paper:

1. The lodge doctor in nearly all cases resorts to unprofessional methods to gain favor with the members of the lodge; and, through these, the acquaintanceship of their families. This undermines in an improper manner the family physician.

2. The lodge system develops a bad feeling among medical practitioners. The constant intrigue and wire-pulling for the lodge is bound to destroy the good-will that ought to exist among medical men of a district. This, coupled with the unfair efforts that are made through the lodge to gain entry into the families, often engenders open hostilities.

3. The lodge system completely destroys the possibility of maintaining a proper fee system. When a man finds that for one dollar

a year he can be attended through such diseases as typhoid fever, it is difficult to collect a bill of \$50 for attending a case of typhoid in his family. This sum would keep him in a physician for fifty years. By this time he would not require their care, as he will be about twenty or thirty years when he has a family to take care of.

4. The working classes are organized to secure the highest wages going for their own. In the case of the doctor, however, they are combined to secure the doctor on the cheapest terms. To this the doctor submits, nay, lends his aid ; and encourages by his eagerness to secure some lodges.

5. The lodge system degrades the dignity of the profession. The doctor becomes the hired man. He gives away his independence ; and has to hob-nob with those who are his inferiors in every way in order to retain his hold on the lodge. His attention is far too much devoted to lodge politics, and not enough to reading and medical societies for either his own or the good of his patients.

The Abuse of Charities.

DR. ELY VAN DE WARKER, of Syracuse, in the *N. Y. Med. Jour.*, May 28, calls attention in his able paper to the following points :

1. The dispensary abuse is one of steady and gradual growth. From 1790 to 1870, not one per cent. of the people in New York received medical charity. From 1870 to the present time, quite fifty per cent. of the population have been treated in some charity form.

2. About 1870, there was a rapid growth in the number of medical schools, medical students, medical teaching, and medical specialism. The country became flooded with school announcements, and medical journals intended to boom some college or hospital staff.

3. This condition and tendency soon spread into the smaller cities and towns. It was soon noticed that as soon as a patient realized that there was anything serious, he went to New York or some other large city. To stop this, the local doctors agitated for a dispensary and a hospital in their own midst. Then began a struggle to keep in the front of some special line of practice.

4. But the hospitals that were thus organized by the physicians themselves soon began a keen struggle among themselves. Those charities that could show the largest number of poor patients relieved, and the largest number of beds, drew the largest grants, and made the most successful appeals to the public for aid. They organized

themselves to play upon human cupidity. They begged, planned and advertised themselves into prominence.

5. The over-crowded condition of the medical profession is at the bottom of the whole evil. In Syracuse there are 300 doctors to 90,000 people, or 1 to every 300 persons. All sorts of devices, known to human ingenuity, are required to secure or keep a practice. The specialist must have clinical material; and the general practitioner, in self defence, must have his charity clientèle at the dispensary and hospital.

6. Another grave abuse that is threatening the profession at the present, is that societies and clubs are organizing themselves and paying into some hospital, and obtaining attendance at the lowest prices for their members. Instead of paying club rates to a physician, they pay those rates to some hospital. This is now becoming common in Britain also.

7. To control the evil to some extent, the practice has sprung up for hospitals to charge a contingent fee for operations. This fee goes to the hospital; but it does not meet the case. The doctor loses, the hospital gains, and the evil is not lessened, because the patients feel satisfied as long as they do not pay the doctor directly a fee.

8. The only remedy for this abuse of charities is to search out and know those who are needy, poor and grant relief to these only. This can be done. To do it, the profession and the lay authorities must work together. The injustice of giving free medical attendance to the well-dressed and well-paid is nothing short of robbery against the doctor.

WRITER'S CRAMP AND TELEGRAPHER'S PARALYSIS.—Dr. S. H. Monell, of Brooklyn, N.Y., states, in the *Medical Record* for July 23, that he had suffered severely from writer's cramp. He had tried all the plans of treatment, including that of a celebrated massage specialist. All efforts at cure failed, until he began the persistent use of electricity. It required some time to work out the proper method of its employment. The arm is subjected to a warming up application, then to general nutritional muscular contractions, regulated to the tolerance of the tissues, and finally the whole arm is treated to refreshing, restful treatment that leaves the whole arm buoyant and elastic. Galvanic and static currents are employed.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Erroneous Views and the Lay Press.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—A common obstacle to medical progress is a want of knowledge on the part of the public, and consequent prejudice therefrom. Sometimes the obstacle is in the form of a want of appreciation only; sometimes of actual obstruction and opposition, as, for example, in the case of the *Sun* and the last Medical Council proceedings.

A few days ago, another luminary body, in the form of an evening paper, favored us with views relating to a medical subject, the accuracy of which, although favoring strongly of a medical inspiration, and, possibly, with a special object not altogether in the public interests, are not borne out by facts. The vast majority of the profession, if not practically the entire body of it, do not believe, nor is it a fact, that the "treatment of consumption has not advanced proportionately with the discoveries of science in general." This is a statement made by the journal in question. Yet it informs us that "since the isolation plan was first advanced there has been a remarkably rapid increase in *popular* knowledge of everything pertaining to the nature and *treatment* of this . . . scourge." (Italicising mine). The journal then makes the bold and erroneous statement that, "To bring the Sanatorium within easy reach of a great centre of population would be to aggravate, without any compensating advantage, dangers of contact, and to increase unnecessarily the elaboration and expense of isolation precautions."

Now, no aggravation of dangers will be possible, but on the contrary, full super-compensation for all efforts and expenditure in having removed from the family and home where, in confined infected rooms, they form the very worst and most dangerous centres of infection, hundreds of advanced cases of this disease, and placing them in the pure atmosphere of buildings specially constructed for the purpose, on a dry country soil, hundreds of feet above, and quite overlooking, and far away, too, over the lake beyond, the humid atmosphere of which your contemporary mentions, and which, not infrequently, does rest for a brief period in the city, placing them in an environment in which, under the best of care, cleanliness and immediate disinfection,

as in the great hospitals for consumptives in London and Manchester, there could be no possible infection communicated to their attendants or friends who visit them.

The latter part of the article is not quite clear to the unofficial comprehension of the writer of this. But it may be stated, that it is not considered by the highest authorities necessary to have consumption under stricter and more distant isolation than smallpox. And that if the writer of that article had first taken the trouble to acquaint himself with all the facts bearing on the proposed hospital for consumptives, he would not have written as he did, nor attempted to check that advance in the treatment of phthisis to the want of which he refers.

Yours, etc.,

SUBURBAN.

Dominion License Question.

To the Editor of the CANADIAN MEDICAL REVIEW :

DR. WHITE (see page 92, *Dominion Medical Monthly*, September, 1893), states : "To be able to take charge legally of a patient from Halifax to Victoria, through each Province, would take about five years, seven examinations, and about \$500 tribute to the respective Councils." If such is the condition, one can easily understand that our medical laws are expelling our young M.D.'s from the country, for there is not one State in the Union, or United States, which does not offer more advantages to candidates to practice, as regards examinations, than any of our sister Provinces. Are those Inter-Provincial restrictions the factors at work in causing our young M.D.'s to ignore our Ontario license? for I have learned that hardly thirty per cent. of this year's graduates of Trinity, Toronto, Western and Queen's Universities tried examinations by our College of Physicians and Surgeons. Those who did not try, it is needless to say, went to the United States, and such exodus has been the case, as I well know, for thirty years. Another source, the "Detroit College of Medicine," of whose yearly graduates and matriculants, as its announcement states, this Province contributes a large and increasing number, is equally serving to expatriate our young Esculapians. Is Canada for us Canadians? The answer medically is embodied in Dr. White's article, and worthy of speedy observance by our Medical Council and Legislators.

MEDICUS.

August 8th, 1898.

To the Editor of the CANADIAN MEDICAL REVIEW :

In reply to the criticism which appeared in last issue of the REVIEW on the subject of the "Doctorate," we submit the following, with the hope that it will encourage the publication of views of medical men on the subject, for I am a firm believer in the fact that my professional confreres agree with me in statements now and heretofore made on the subject herein named.

ARISTARCHUS.

August 2nd, 1898.

The Doctorate ! is it worth preserving ?

Yes ! if it is to be the highest distinction given by our universities to those of the learned professions (Divinity, Law and Medicine), and to those who have reached eminence in Philosophy.

No ! If it is to be the gift of universities to those who are not of the above-named professions. To those whose callings are not designated as learned, simply mechanical, whose education publicly is considered of low grade, meretricious, gold-filled.

'Tis not the wondrous deeds of time
My muse would sing, in humble rhyme,
To claim your admiration ;
But of the wrongs and dire abuses,
Of various academic uses
I seek your condemnation.

Time was when College "parchment scroll"
Meant *years* of pressing to the goal
Of higher education ;
A mind well-stored with learned lore,
With stronger grasp, and greater power,
To fill life's proper station.

But now, alas, the times are changed,
And "'Varsities" have now arranged
That each ambitious mortal
May *buy* degrees, and honors win,
Though he has never passed within
An academic portal.

The country's filled with "patentees"
Who duly issue cheap degrees
From State-endowed College,
To all who titles love to wear
And prove their fitness by their "fare,"
Regardless of their knowledge.

Oh ! seats of learning great and strong !
 Cease from such pand'ring to a wrong,
 That literary work degrades,
 Transforms our once proud College Halls
 To places of no higher calls
 Than purely *mercenary* trades.

Let true men keep inviolate
 The value of the doctorate
 From *shams* who now do wear it ;
 And soon again the world will see
 In every truly earned degree
 The stamp of highest merit.

July 30th, 1898.

ARISTARCHUS.

Book Notices.

Accident and Injury ; Their Relations to Diseases of the Nervous System. By PEARCE BAILEY, A.M., M.D., Attending Physician Department of Correction and to the Almshouse and Incurable Hospitals; Assistant in Neurology Columbia University; Consulting Neurologist to St. Luke's Hospital, New York City. New York : D. Appleton & Company ; Toronto : Mr. Morang, 'Traders' Bank Building, 63 Yonge Street. 1898. Octavo, cloth, \$5.00 ; leather, \$6.00.

An idea of the contents of this volume may be gained by a glance at the contents which are mainly as follows :

Introduction, previous history of the patient, history of the accident, physical evidence of predisposition to nervous disease, the examination for the actual injury.

Part I. Organic effects of injury to the nervous system. Chap. i.—Injuries to the brain ; ii.—Injuries to the spinal cord ; iii.—Injuries to the peripheral nerves ; iv.—Ultimate organic effects of injury, viz., epilepsy, general paralysis of the insane, locomotor ataxia, progressive muscular atrophy, paralysis agitatus.

Part II. Functional effects of injury. Chap. i.—The nervous disorders which most frequently follow railway and allied accidents—The traumatic neuroses, their history, nomenclature, pathology, etiology and symptoms ; ii.—Traumatic neurasthenia ; iii.—Traumatic hysteria ; iv.—Unclassified forms.

Part III. Malingering. Chap. i.—Exaggeration of symptoms actually present ; ii.—Substitution of origin ; iii.—Simulation.

Part IV. Treatment of traumatic neuroses.

The above is the bill of fare that the author lays out for himself.

It will be seen by a glance through it that it is a most extensive and exhaustive one. In 1866 the late Sir John Eric Erichsen delivered his famous lectures on concussion of the spine. These were greatly enlarged and published in 1875. This work gave a tremendous impetus to the study of traumatic affections of the nervous system in their clinical and medico-legal aspects. Those who have had experience with this class of cases will be ready to admit that Erichsen went too far in claiming organic and incurable results in too many of these cases. His name was a strong one in the courts, and it was a long time before the pendulum swung back to its proper position.

The writings of Page in Britain, Clevenger in America, Oppenheim in Germany and Charcot in France, laid the foundation for a truer and clearer conception of the manifold results of accident or injury on the nervous system.

It is here that the great value of a work such as the one before us, from the pen of Dr. Bailey, comes in to fill a most useful place. Enough has been said during the last thirty years by the above-named writers, and by others, such as Gowers, Strümpell, Dana, Starr, Weir-Mitchell, Bowlby, Bromwell, and many others, to justify the effort of gathering all our knowledge into one cover and forming a concrete structure out of it. This task Dr. Bailey has set down for himself. It was an ambitious one, and, if well performed, was calculated to bring much credit to the author.

Throughout the pages of Dr. Bailey's work there is evinced a thorough acquaintanceship with the literature of the subject. This is a first necessity in an author on such a subject. The next feature of the work that at once attracts attention is that it is written in a good free style. It is agreeable reading. Then there is a fine and even balancing of opinion. The duties of advocate on the one hand, and judge on the other, are kept well in mind. There is no special pleading for any preconceived theory. This necessitates that the writer must have had a large clinical experience, and we know that Dr. Bailey has had such, and has made good use of it.

In this age, with so much rapid travel and so many collision accidents continually occurring, with all the subsequent litigation, a thorough knowledge of the effects of injuries on the nervous system becomes a *sine quā non* to every practitioner. We know of no place where this information can be found so well arranged as in the work before us. To Dr. Bailey and the publishers we extend our congratulations, and venture the prediction that this work shall be a standard upon the above subject for many years to come.

The work is printed in clear type, on superior paper, is well bound and fully illustrated.



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SOLE MANUFACTURERS OF LISTERINE.

The Treatment of Choleraic Diarrhœa. The Lambert Pharmacal Co., St. Louis. 1898.

This book of sixty-four pages contains a number of short articles that have appeared at different times in medical journals, and a few that appear to have been prepared specially for the book.

Throughout these articles there are some excellent suggestions—hygienic, dietetic, and medicinal—on the management of diarrhœal diseases. The Lambert Company, which has for a number of years placed Listerine before the medical profession, has ostensibly published this little book to show the manner of employing this combination of antiseptics along with other drugs. The formulæ found in the book are suggestive and useful. Copy free on application.

The American System of Practical Medicine. Edited by LOOMIS and THOMPSON. Lea Bros. & Co., New York and Philadelphia. Toronto: The Publishers' Syndicate, 88 Yonge St.

This is the fourth volume, and completes the work. This volume treats of diseases of the nervous system, vasomotor and trophic disorders, diseases of the muscles, osteomalacia, rachitis, rheumatism, arthritis, gout, lithæmia, obesity, scurvy, Addison's disease. The volume is well illustrated. The list of contributors to this volume is lengthy and strong. Pearce Baily, Warren Coleman, Charles L. Dana, F. X. Dercum, J. T. Eskridge, Frederick Finley, Edward Fisher, Willis E. Ford, Landon C. Gray, Christian Herter, Abraham Jacobi, F. T. Miles, C. K. Mills, W. Noyes, F. Peterson, Newton Prince, W. B. Pritchard, J. I. Putnam, W. Linkler, Allen Starr, D. D. Stewart, James Stewart, W. Gilman Thompson, and W. H. Thomson, have articles in the present volume.

The diseases of the nervous system take up 900 pages of the volume. After a most careful perusal of these pages, one is fully satisfied that ample justice has been done to this great section of disease. The illustrations are of a very excellent character, and assist materially in rendering the difficult task of making a diagnosis of nervous diseases as easy and accurate as it is possible to be done by diagrams and plates. The several contributors have done their very best to render this volume worthy of their names. There is not a weak article in it. While there are many problems in medicine yet unsolved, this work brings the matter thoroughly up-to-date. To those who possess themselves of this work, we feel sure that they will many times turn to its pages for counsel, and will not do so in vain.

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- 1st. The statements contributed are founded upon experience, and I believe them true.
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- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

Miscellaneous.

SANMETTO IN HYPERTROPHY OF THE PROSTATE—ALSO IN CYSTITIS.—I have used Sanmetto myself for hypertrophy of the prostate, from which I have suffered for fifteen years. My age is eighty-three years. I have found out the value of Sanmetto, and am persuaded that this remedy will cure me entirely. I prescribed it for two of my patients who suffered with cystitis, one, forty years of age, was perfectly cured from the use of two bottles. The other, sixty years of age, thinks he will never stop it. I think so much of Sanmetto that I, for the first time in my life, feel induced to recommend the same to any physician.

Chicago, Ill.

ISAAC SAALFELDT, M.D.

TOURO INFIRMARY,

NEW ORLEANS, Oct. 8, 1897.

United Agency Co., New York:

DEAR SIRS,—I have the pleasure of informing you that, during the present yellow fever, we have used with success in the wards of the Infirmary your Apenta Water.

Would you kindly send us at once 150 small bottles, with bill, making the price as low as you possibly can?

Very respectfully,

(Signed) D. GOLDSTEIN, *Clerk.*

Surgeon-General Sternberg forwarded, through the Medical Supply Depot, large quantities of the Apenta Aperient Water to the United States General Hospital, near Santiago, Cuba.

AMYLOLYTIC FERMENTS.—In an article on this important subject, Wyatt Wingrave, M.R.C.S., England, (Assistant-Surgeon to the Central London Throat and Ear Hospital) in the *London Lancet*, May 7th, 1898, we are informed of a personal necessity that arose in the writer's experience for a reliable starch digestant. A crucial comparative examination was therefore made of many malt extracts and of Taka-Diastase, the tests being conducted both chemically and clinically. He summarizes briefly: 1. That Taka-Diastase is the most powerful of the starch or diastatic ferments, and the most reliable, since it is more rapid in its action, *i.e.*, "it will convert a larger amount (of starch) in a given time than will any other amylolytic ferment." 2. That Taka-Diastase seems to be less retarded in its digestive action by the presence of the organic acids (butyric, lactic, acetic), and also by tea, coffee and alcohol, than are saliva and the malt extracts. This is an important point in pyrosis. 3. That all mineral acids, hydrochloric, etc., quickly stop and permanently destroy all diastatic action, if allowed sufficient time and if present in sufficient quantities. 4. That Taka-Diastase and Malt Diastase have, like ptyalin, no action upon cellulose (uncooked starch). All starch food should therefore be cooked to permit of the starch ferment assisting nature in this function.

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Shuttleworth's Aromatic Wine of Cod Liver Oil and Iron.

IT IS a palatable preparation of Cod Liver Oil, combined with Iron (peptonized), held in permanent solution in a pure Sherry Wine, containing the nutritive properties of Cod Liver Oil, entirely free from the fishy odor and taste of the plain Oil.

IT IS acceptable to those patients in whom the plain Cod Liver Oil is indicated, but to whom it is nauseating, and by whom it cannot be borne.

This Preparation is especially adapted to cases where the patient is unable to digest the Oil, as it may be taken for a considerable time without deranging the stomach.

Many Patients Cannot Take the Plain Oil.

- 1st. BECAUSE of its fishy odor.
- 2nd. BECAUSE it upsets the stomach.
- 3rd. BECAUSE it will not digest.
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This Preparation Overcomes all Objections to the Use of the Plain Oil.

- 1st. BECAUSE it has no fishy odor, and does not nauseate.
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- 5th. BECAUSE it has the fattening and nutritive properties of the Plain Oil.

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Vol. VIII.

SEPTEMBER, 1898.

No. 3.

“APENTA”

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APENTA WATER IN THE TREATMENT OF OBESITY.

“The *Berliner klinische Wochenschrift* for March 22, 1897, speaking of some experiments made under Professor Gerhardt’s direction in the Charité Hospital as to the value of Apenta water in the treatment of obesity, says that such experiments could not be carried out until quite recently, on account of the inconstant composition of the bitter waters coming into the market. In this respect, the Apenta water is favourably circumstanced, and it was chosen for these observations because of its constancy of composition. The conclusions arrived at as to the value of Apenta in the treatment of obesity, and as to its influence on tissue-change, were that it succeeded in producing a reduction of fat in the body without detriment to the existing albumen, and that the general health of the patient suffered in no wise, and the cure ran its course in a satisfactory manner.”—*New York Medical Journal*, Feb. 5, 1898.

SOLE EXPORTERS

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IRON SOMATOSE (Ferro-Somatosé). A first-class tonic, containing the albuminous substances of the meat (albumoses) organically combined with iron. Special indications: Chlorosis and Anaemia. Daily dose: 75 to 150 grains.

MILK-SOMATOSE (Lacto-Somatosé). A strength giving food containing the albuminous matter (albumoses) of the milk.

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IODOTHYRINE The active principle of the thyroid gland. It is most efficacious in Strumous Diseases, Myxoedema, Obesity, Rickets, Psoriasis, Eczema, and Uterine Haemorrhages. Dose: 5 grains two to eight times a day for adults; 5 grains one to three times daily for children.

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THE Canadian Medical Review.

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Original Communications.

The Significance of Pain in Gynaecological Diagnosis.

Translated and condensed from *La Gynécologie*.

By ERNEST HALL, M.D., Fellow of Bt. Gyn. Ass'n., Victoria, B.C.

In the department of gynaecology, pain is a symptom of no little importance. It is frequently exaggerated by the sensitiveness, irritability and the sedentary life which many women follow. On the other hand, it is not rare to see some of the most painful conditions borne with apparent ease by those in the lower walks of life who are compelled to do manual labor, or in those in better circumstances, who, by peculiar temperament, or by determined will are able to control their feelings and to suppress any manifestations of suffering. Of these two classes the former contributes the greater number of our patients. It may be that there is a variety of pain of an emotional nature, or it may be that the peripheral impressions react too acutely upon the centres of sensation in the lumbo-sacral plexus. In order that we may understand the remote effects, the radiated pains and reflex spasms that lesions of the uterus and adnexa give rise to, we must remember that the genital organs have in this plexus a direct centre of sensation, and through the abdominal sympathetic are connected with all the neighboring

organs as well as with the nerve trunks of the epigastrium, loins, and lower extremities.

The painful spasms and uterine colic of young and delicate females depend principally upon a mechanical obstacle—congestive and inflammatory thickening of the mucous membrane upon which the muscle exerts its force in order to expel clots or masses of mucus. The pain is due to the contact of the substance to be expelled with the morbidly irritable and hyperæsthetic mucous membrane. The muscle also may partake of the morbid sensibility without inflammation of that structure being present.

In the early period of pregnancy we see in the sensations of tension and pain, the effects of the weight of the uterus and the stretching of the ligaments; in certain cases lumbar or lumbar-sacral fatigue caused by the irritation of sensitive filaments located in the utero-sacral ligaments. Ovarian pain resembling true neuralgia is frequent in the later months of pregnancy caused by the pressure exercised by the hard parts of the foetus against the sensitive coccygean nerve filaments. Radiations of this variety of pain are frequent upon the lower limbs, loins, abdomen and back. Chronic inflammations, hyperplasias, or tumors of the genital organs give similar sensations, which are increased by any morbid condition of the nerves included in the affected parts.

The importance of pain as a symptom in disease of the female genital organs should not be underrated, for it is largely by the intensity of this symptom that our patients measure the gravity of their complaints. It is sometimes more difficult to convince a patient who presents a painless epithelioma of the cervix of the necessity of surgical interference, than one suffering from citrical contraction secondary to periovaritis. We frequently see patients who, when informed of the urgent necessity of the removal of the diseased part, hesitate, and refuse to accept radical measures until the presence of pain impels them to return and submit to a second examination, when, too often, the disease has extended beyond the limits of possible cure.

On the other hand, pain is of no little import to the patient. A woman who continues to suffer after an operation cannot be expected to consider herself cured. How many deficiencies in the results of operative treatment depend upon the fact that the gynæcologist has neglected some detail in relation to the painful symptoms experienced by the patient! However subjective a symptom may be, we must agree that it finds its origin, its pretext, if you please, in some anomaly of pathological order. However minute this pretext may be, compared with the exaggerated sensations experienced by the patient, it is most important that it should disappear.

In passing, we may note that Charcot, Féré, and other neuro-pathologists, have described ovarian pain, and have refused to consider it as a special indication of a general morbid condition. It is not always the ovary that suffers in this condition. There is present a painful neuralgic point, analogous to those of neuralgia, generally located perhaps within the muscles of the abdominal wall.

VARIETIES IN PAIN.

That which we shall call varieties of pain represents sensations differently experienced by patients, depending upon many conditions which are described in almost identical language. Thus colic represents spasm nor uterine tenesmus, the painful expulsive effort. "Painful Points" correspond in a precise manner to certain fixed neuralgias, sometimes deep, sometimes superficial but localized; the sensations of weight, stretching, tension, weariness, and that of the presence of a foreign body coincide with the increase in volume or prolapse of the uterus, excessive congestion of the cervix or retroversion.

Painful contractions of the anus or bladder,—true reflex tenesmus of these organs are frequently associated with and dependent upon genital affections.

Localized pain of a burning character usually indicates chronic valpingo-ovaritis, or cervical parametritic adhesions resulting from a deep tear of the neck. This pain may be peripheral corresponding to the nervous connection.

Pain over the kidneys frequently indicates disease of the cervix or in the neighborhood of the utero-sacral ligaments.

In addition there are pains apparently without any material basis in the condition of the sexual organs. Their character is that of being variable in location and intensity, occurring in paroxysms sometimes periodic, at other times in connection with manifestations of similar nature as migraine or gastralgia. They are frequently accompanied with painful throbbings in the deeper parts of the pelvis, resembling a pulsating frontal or temporal neuralgia.

For convenience we shall adopt the following order in the discussion of the various manifestations of pain :

1. *Duration* : Continuous, paroxysmal, intermittent or periodic.
2. *Location* : Deep or superficial, general or localized, unilateral or bilateral.
3. *Character* : Dull, lancinating, neuralgic or spasmodic.
4. *Clinical aspect* : Spontaneous or caused by examination.

UTERINE PAIN.

In metritis pain is universally recognized. Dubois has described a condition of the uterus in which pain is alone the only abnormality desirable—a hyperæsthesia sometimes diffused, at other times more localized in the cervical region. The dysmenorrhœa of neuroæsthenics temporarily exhibits this condition.

The following classification will be found convenient for description :

- (a) Spontaneous uterine pain.
- (b) Pain caused by direct contact, or by examination.
- (c) Pain of a chronic neuralgic character associated with traumatism.
- (d) Uterine spasm and periuterine pain of variable reflex origin.

(a) SPONTANEOUS UTERINE PAIN.

- (a) Painful spasms of menstruation.

Pain of this character is present in :

- (1) Young females of a highly-nervous constitution.
- (2) Those of a rheumatic taint, and those subject to neuralgias, especially migraine.
- (3) Those of a lymphatic or debilitated constitution. The excessive tumefaction of the uterine mucosa during menstruation, owing to the feeble resistance of the tissues explains the painful sensations which are produced at the moment of excretion of the blood.

The pain occurs in these different conditions at the period of predisposition to neuralgic or spasmodic phenomena menstruation, when the canal is obstructed with turgid membrane, or by flexion due to an atrophied zone, or by a leucorrhœal secretion, increased previous to the flood, or by difficult excretion of mucous after the flood, by spasmodic reaction of the uterus, and varied reflexes.

The pain experienced during accouchement appears interesting here by way of comparison. The nervous distribution in the genitive organs is such that the sensitive impressions proceed parallel with the involuntary reflex contractions, and also with voluntary efforts.

In the period of dilatation the pain is due to stretching of the nerves of the cervix and upper part of the vagina, this being the most sensitive zone of the canal. The reflex uterine contractions are also the result of impressions localized at this point. In this mechanism we have exhibited uterine colic in its most complete form. More widely distributed reflexes also result from similar irritation. Circulatory and digestive disturbances, pallor, syncope, nausea, vomiting and also

alterations of the central nervous system, cerebral excitement, etc., indicate the nature and location of these reflexes. "In extreme cases occlusive spasm of the cervical sphincter may result in temporary suspension of labor.

If these observations be correct it follows that those women who suffer abnormally during childbirth, suffer abnormally during menstruation. The researches which have been made in this direction have confirmed this conclusion.

The moment that the foetal head passes the cervical orifice dilated to its maximum extent, is the moment of most severe pain during the period of labor. This is also the stage of most active reflexes. But immediately this point in labor has passed, the distant reflexes disappear and the pain assumes a different aspect, more in keeping with the general sensitiveness and the sympathetic action is confined to the uterus itself to sustain and assist the expulsive efforts.

We thus have sufficient evidence to locate the painful spasms of menstruation in the cervical zone of the uterus, and more definitely in pericervical plexus which also penetrates the isthmus and upper part of vagina.

(b) PAIN CAUSED BY DIRECT CONTACT OR BY EXAMINATION.

Pain caused by contact has a double location—the cervix and fundus. The cervix in the normal condition is generally painless to the finger of the examiner. But in certain women the touch or simple pressure causes pain. Taking hold of the cervix with a tenaculum, in most cases, is not painful, but occasionally it causes acute pain. This painful condition is often associated with other hyperæsthetic conditions, as sensitiveness of the normal ovaries, contraction of the vulvæ, etc., which exists without any inflammation of the tissues.

The sensitiveness of the cervical canal varies greatly in different subjects, being greatly increased in certain nervous cases. The passage of the uterine sound when done with care is usually possible in those women whose sensitiveness is not altered. Even when cervicitis is present this simple operation may be painless. But in some cases of a decidedly neurotic temperament most acute pain and intense reflex phenomena result. The pain is sometimes so severe that she throws herself back with a sharp cry, and temporary cerebral derangement such as would be produced by fear or emotion. Occasionally the patient becomes pale, complains of pericardial constriction, palpitation, with a tendency to fainting, the face and hands become covered with perspiration, and frequently vomiting follows.

As a further illustration of the reflexes and of the sensitiveness of

the os internum, we may note the results of the os under chloroform, when the patient is of the neurotic type. Using Hegar's sounds we notice that when we reach the point when considerable effort is required to overcome the resistance, the pulse alters, respiration becomes irregular, and perhaps momentarily ceases. Contractile spasm may appear and the sound which had already passed easily is with difficulty reinserted.

The action of a faradic current of high tension, obtained from an ordinary induction coil and applied by the bipolar method causes a rapid reduction of the sensibility of the uterus, but when the current is of low tension an increase of the sensitiveness results. The direct current is generally borne without marked discomfort.

(c) PAIN OF A CHRONIC NEURALGIC CHARACTER, ASSOCIATED WITH TRAUMATISM.

To Emmet we owe the explanation of the painful conditions resulting from lacerated cervix, especially when complicated with inflammatory changes. Even after the laceration has apparently disappeared pain of a persistent neuralgic character frequently persists. This is explained by the fact that during the process of repair small nervous filaments become imbedded and compressed in the dense cicatrix. The pain from this condition is unilateral and of a tearing or lacerating nature. If the patient is subject to neuralgia or migraine, the painful point is often located at the neck of the uterus. The rhythmical pulsations are felt, and the observer's finger can easily locate the painful point.

This variety of pain is often wrongly attributed to ovaritis or to parametric adhesions.

In antifixion menstruation is always painful and difficult. It is probable that the menstrual spasm finds an additional element in this condition so common in nervous and debilitated subjects.

(d) UTERINE SPASM AND PERIUTERINE PAIN OF VARIABLE REFLEX ORIGIN.

The causes which produce a condition of extreme irritability in the genital organs of certain women are many. This irritability manifests itself in muscular spasms and acutely painful sensations.

The most common of these causes is the apprehension that the patient experiences at the moment of examination, especially if she be a virgin or nullipare, or if it be her first examination. Other causes are affections of the vulva, excoriations, lacerations, etc. Urethral

polypi may cause vaginal spasm, rendering examination absolutely impossible, severe dysuria may also result from such irritation.

The neuropathic disposition of many patients is sufficient of itself to produce painful reflexes at the beginning of an examination by the physician. One is astonished at times to encounter at a level with the cul-de-sac the parts resistant, fixed and painful, giving the impression of dense parametric adhesions. After waiting a few minutes until the patient becomes composed and accustomed to the manipulation the phantom adhesions vanish and the morbid condition gives place to the normal.

The use of cocaine greatly diminishes the irritation produced by contact with the examiner's finger.

LYCETOL. A HINT ON THE TREATMENT OF RENAL CALCULI.—There is a certain class of cases of renal calculi in which much benefit is derived from the internal administration of antilithic remedies. These are cases where the calculus has not reached any considerable size, and is composed for the most part, of uric acid. The demand for a remedy that will disintegrate concretions of uric acid in the kidney, and facilitate their elimination in the urine, has however, been only imperfectly realized by the alkalies which have been chiefly employed for this purpose. While alkalies, especially lithium salts, undoubtedly exert a solvent action upon uric acid, this is not sufficiently marked to render it likely that they will dissolve stone in the kidney. A much more promising remedy seems to be Lycetol, which has a specific solvent action upon uric acid, as shown in the decided increase in the quantity of this substance excreted in the urine after its administration. Lycetol is also well adapted for prolonged use in renal lithiasis, since it is extremely pleasant to take and does not disturb the stomach. Dr. James H. Taylor, of Indianapolis, writes that in cases of renal calculi he has employed this preparation with very gratifying results, and others are equally positive in their statements regarding its value in all forms of the uric acid diathesis.—*Memphis Medical Monthly*.

DR. LAPHORN SMITH has returned to Montreal from Europe, where he has been studying all summer. Following the example of the European gynaecologists, he is forming a post graduate class limited to six practitioners, each course of demonstrations lasting one month.

Society Reports.

Canadian Medical Association.

FIRST DAY—August 17th.

THE thirty-first annual convocation of the Canadian Medical Association began August 17th.

The meeting was held in the Convocation Hall, of Laval University, being called to order at 2.30 p m. by Dr. Thorburn, of Toronto, in the room of the retiring president, Dr. Moon, who was unavoidably absent. After addresses of welcome from Alderman Foley, acting mayor; Drs. C. S. Parke and A. M. Ahern, extended to the Association a hearty greeting on behalf of the city of Quebec and the University.

Owing to the large proportion of the local French-Canadian members present, the somewhat unique feature presented itself of papers being read in French as well as English.

Dr. Beausoleil, in his "presidential address," thanked the Association for the great honor it had done him in electing him to the highest position in its gift, an honor that he regarded as conferred upon him, not so much on account of any particular merit of his own, as by way of compliment. He referred to the fact that the Association was founded at Quebec in 1867, the year of the Canadian Federation, the object being to promote medical science in Canada and to unite the profession. The first president was Dr., now Sir, Charles Tupper, recently Premier of Canada. The subject that he dwelt particularly upon was that of the "Inter-provincial Registration of Physicians." It is deplorable that a physician in one province should not be able to practise his profession in a neighboring one, and if the Association could this year bring about the destruction of this anomaly, it would be a noteworthy year in the annals of the Society. It might be that a lawyer in Quebec could not practise in Ontario, inasmuch as the legal profession worked under different codes, but medicine is the same the world over, and the present restrictions should be done away with, so that a degree in medicine from any British or Colonial university should carry with it the right to practise anywhere in the Queen's dominions. As it is now, owing to the provisions of the British North America Act, which confederated the provinces, each province has

autonomy in the matter of education. However, there is now a majority in favor of uniting forces and forming a Dominion board. Ontario alone hesitates, as special legislation is necessary in her case. Still it begins to look as if this difficulty might be overcome. In conclusion, Dr. Beausoleil expressed the hope that he might, even if in a very small degree, have contributed to this very desirable end.

The first paper, by A. Rosebrugh, of Toronto, was in his absence read by title, "The Duty of the Medical Profession in the Question of the Treatment of the Inebriates," and was referred to a committee consisting of Drs. Adami Thornburn and Muir, with instructions to bring in a finding.

Dr. G. Sterling Ryerson, of Toronto, then read a paper on "Monocular Diplopia, which, he said, deserves more attention, being only very inadequately referred to in the text-books. It is much more common, he thought, than was suspected. The overlapping of images was present in monocular astigmatism. He recognized three classes of cases: (1) those dependent upon diseases of the refractive media, such as astigmatism, facets on the cornea, opacities in the humors, punctures or dislocations of the lens; (2) those with traumatism about the zonule of Zinn, or disease of the ciliary body and iris; partial persistence of pupillary membrane is not often a cause; (3) disorders of the central nervous system. Dr. Ryerson recorded two cases. In the first, which he regarded as hysterical in character, there was diplopia of the right side, associated with slight facial neuralgia, tinnitus aurium, augmentation and reduplication of the sounds heard. There was also hyperopic astigmatism. A course of potassium bromide and valerian relieved but did not cure. The second case was one of injury to the left side of the head, the patient remaining unconscious for several days. There was diplopia of the right eye and blurring of the discs. There was probably some protusion of the posterior portion of the eye forward.

Dr. D. Marcil then read a paper in French upon "Septic Peritonitis Consecutive to Appendicitis, and its Surgical Treatment." He reviewed the history of operative interference and made the somewhat startling claim that the first operation was done in Paris in 1893. He thought that some patients might be saved by operation even after peritonitis had set in.

Dr. Ferd. C. Valentine, of New York, next read a paper on "The Genito-urinary Instruments Required by the General Practitioner." He pointed out the great improvement in the treatment of gonorrhea that has taken place since the days when it was regarded as a skin-disease. From Ricard to Neisser is a great step in the right direction

The general practitioner was deterred from treating cases because of the elaborate armamentarium that was thought necessary, but Dr. Valentine pleaded for more zeal on the part of the general practitioner, as much could be done with simple means. The instruments necessary are a microscope, a centrifuge, an irrigator, syringes, and various sounds and catheters. He described his own irrigator, which consists of a glass reservoir that can be elevated on a wooden frame by a cord and pulley. To this is fastened a rubber tube with a glass nozzle, about which is a metallic saucer. He prefers Bencke's sounds, except in a few cases, when he uses Guyon's modification.

Dr. James Thorburn, of Toronto, then read an interesting paper on "The Physician and Life Insurance." He alluded to the phenomenal growth of insurance companies in the past two or three years. The subject had, indeed, become so important that a special section had been made for it at the recent meeting of the British Medical Association in Edinburgh. In Canada and England, the amount of the policies was \$340,314,445, while in the United States it reached the fabulous sum of \$5,183,695,250. When such vast amounts are at stake, the utmost care and skill on the part of the physician should be exacted. He directed the attention of the younger practitioners to the following points in filling out a question-blank: All the questions asked should be answered completely and with discrimination. If a patient has had some disease mentioned, full particulars of this should be given, with dates, duration, and probable effects. With reference to the health of relatives, the physician should not answer "don't know," but should take pains by careful questioning to get some idea of the state of the case. A history of pulmonary tuberculosis, syphilis, or insanity in the relatives, demanded particular care in the examination. His whole advice may be summed up in the statement that a full and careful examination should be made in every case, and no part of it slurred over, Drs. Mullin, Muir, Dickson, Gauthier and Valentine took part in the discussion. Dr. Dickson advocated an attempt on the part of insurance companies to bring their question-forms into uniformity.

SECOND DAY.—August 18th.

Dr. James Bell, of Montreal, read a paper entitled "A Series of Cases of Calculous Obstruction of the Common Bile-duct, Treated by Incision and Removal of the Calculi." He felt safe in saying that in no department of surgery has greater progress been made in recent years than in the treatment of gall-stone disease by operation upon the gall-bladder and ducts. Such operations are now followed by a low death

rate comparatively. The first successful cholecystotomy was done by Lawson Tait in 1879, and the first attempt to remove stones from the common duct by crushing was also done by Tait in 1884. Later, Thornton introduced needling. Cholecystotomy is an operation now frequently performed and generally with the most satisfactory results, and in ordinary cases it is almost devoid of danger. To-day, incision of the common duct has replaced the cruder operations of crushing and needling. Dr. Bell then gave an abstract of six cases upon which he had operated. The patients had varied in age from 33 to 61 years. In two there was but a solitary stone, in three there were stones in the gall-bladder as well as in the common duct, in four there was obliteration of the cystic duct and a contracted gall-bladder that contained no bile, in two a large calculus was impacted in the ampulla of the duct within the duodenum, and was removed through an incision in the duodenum. One case ended fatally from pneumonia after the sixth day; another patient was submitted to a second operation five months after the first.

Dr. V. P. Gibney, of New York, then read a paper on "The Treatment of Convalescent Club-foot." He remarked that there is no more interesting condition in orthopedics than club-foot, and none more difficult to bring to a successful issue, although knowledge of the anatomy and pathology of the part is indispensable to the orthopedist. The reduction of the deformity and the preservation of the induced condition in permanency are two different things, and the latter is often more difficult than the former. Relapses occur from various reasons. Among them is the failure of the surgeon to effect perfect reposition of the parts, or the corrected position may not be maintained for sufficient length of time. Sometimes the neglect of exercising the atrophic muscles or the use of too complicated boots is responsible. In operating, Dr. Gibney aims at the production of an over-corrected position, but he thought it unwise to maintain this too long. He felt that it is best to endeavor to enlist the intelligent co-operation of the patient and friends, and frankly tell them that the trouble is tedious, and much depends on their effort. The child should be taught to walk properly, as this will correct the tendency to pigeon-toes. After operative procedures the foot should be put up in plaster for from three to six months. If there is obstinate projection of the cuboid, and head of the fifth metatarsal, a cuneiform incision should be made in the neck of the os calcis. If the foot still rolled Dr. Gibney advocated supra-malleolar osteotomy, placing the foot in the position of over-correction. He thought that the surgeon should himself supervise the construction of all appliances,

and should occasionally see the patient for months. Dr. T. G. Roddick, of Montreal, asked if Dr. Gibney had any method of developing the stunted limb outside of those mentioned in the books, massage, etc. Sir William Hingston said that the cases are often very puzzling, *e.g.*, whether to do tenotomy or osteotomy, what tendons to cut, or which to choose, the open or the subcutaneous method. In his experience subluxation is not common, but he asked Dr. Gibney's experience on this point. Dr. Gibney, in reply, said that he did not know of any other methods to improve a stunted limb, than massage, selected movements, and properly guided exercise. He advised the employment of an experienced masseur. In his experience subluxation is not common.

A discussion on "The Surgical Treatment of Empyema" was opened by Dr. Elder, of Montreal. He asked: "Was any other treatment to be advocated than purely surgical? In his experience children, and strong adults in the country sometimes, get well spontaneously, or upon repeated aspiration. On the whole, he thought that the old surgical rule was a good one, that where there is pus the surgeon should cut down and evacuate it. With regard to the operation, resection of one or more ribs is much preferable to simple incision. Only in children is it justifiable to make a simple incision. With regard to the point of incision he thought that the rules of the text-books could not always be followed, but he advised, when there is a localized pus-collection, incision over the centre of the region and drainage. He recommended also not placing the patient on the sound side, but to draw him somewhat over the edge of the table and operate from below. With regard to the anesthetic, chloroform or the A. C. E. mixture should be used. As to washing out the cavity, most authorities discountenance this now. In slow, prolonged cases in which an external opening occurs spontaneously or there is rupture into a bronchus, should one operate? Dr. Elder thought, as a rule, not, and never in tuberculous cases. In cases in which the general health is obviously suffering, a second lower opening should be made, with an attempt at drainage, except in amyloid cases; or Esländer's operation might be tried. Sir William Hingston said that each case is to be treated on its merits, as no two cases are alike. Having been prejudiced for years against the operation of resection, he had been converted to it by experience. He is in the habit of washing out the cavity, using weak carbolic solution or plain boiled water. He thought that pneumonia is generally the result of empyema, rather than the cause, as is usually taught. Dr. Roddick preferred a dependent drain. With regard to washing out the cavity

he held a mediate position. If the pus is very fetid, he always washes out. In those cases that hung fire for months he injected into the cavity weak iodine-solution or zinc sulphate, which, by their stimulating action, he thought, hastened a cure. If the pus has broken into the air-passages, he would still operate and could do a radical operation. He preferred a metal tube to a rubber drain. Dr. Muir thought that 99 per cent. of the cases were tuberculous. He preferred operation always in adults, and made his incision as near the backbone and as high up as possible. He also liked a metal drain, using a piece of flanged gas-pipe for the purpose. Dr. Dickson said that if he obtained more than twenty ounces of pus on aspiration, he concluded that the case would not be cured by this means alone. He would also wash out in fetid cases.

Dr. W. H. Drummond (of Montreal), the author of the "Habitant," then read an interesting historical paper on the "Pioneers of Medicine in the Province of Quebec."

Dr. Ernest Laplace (Philadelphia) then described an ingenious "forceps" that he had contrived, to replace the Murphy button in the operation of intestinal anastomosis. By its use the gut is held in position and can be readily sutured, and the instrument be then removed in halves. He stated that the instrument is simple, and possesses none of the disadvantages of the Murphy button, or Senn's plates.

Surg.-Col. Neilson, the medical head of the Canadian Militia Service, then addressed the Association, asking for their support and counsel in the reforms that it was proposed to introduce in this service. In consequence of the reorganization of the medical service in the Imperial army, something of the same kind is needed in the Canadian service, as the present system is antiquated. He had been desired by the Canadian Minister of Militia to bring the matter to the notice of the Association.

THIRD DAY—August 19th.

DR. T. D. REED, of Montreal, brought up the subject of the official recognition of the new British Pharmacopeia for the whole of Canada. He pointed out that owing to there being a different medical and pharmaceutical association in each province it is difficult to get concerted action on the subject, which is one of the greatest importance, and he thought it would be proper for the Canadian Medical Association to make a pronouncement in the matter. It is important that some date be fixed for the coming into operation of the new book. By arrangement of the Province of Quebec Pharmaceutical

Association and the Montreal Medico-Chirurgical Society it has been settled that October 1st should be taken as the date. He learned that in Ontario the new book is also official for the coming College session. He therefore moved, and it was seconded by Dr. Mullin, of Hamilton :

"Be it resolved that the Canadian Medical Association in annual meeting assembled recommends that October 1, 1898, be taken as the date on and after which, in the absence of instructions otherwise, physicians' prescriptions should be compounded with the preparations of the British Pharmacopeia of 1898."

Dr. T. J. Roddick then read a letter from Dr. J. C. Leech, of Manchester, the chairman of the British Committee in the revision of the Pharmacopeia, in which he pointed out that the adoption of the British Pharmacopeia seemed to be an act of grace on the part of the various provinces of the Dominion, while Canada as a unit did not accept it officially. He thought this should be remedied.

The Association decided then to appoint a committee consisting of Drs. Blackader, Reed, Small, Marois, Cameron, Starr and MacCallum, to confer with the Federal Government, with a view to formally legalizing and appointing the British Pharmacopeia for Canada.

Dr. A. de Martigny then read an account of two severe cases of furunculosis that he had treated with "Marmorek's antistreptococcic serum" with gratifying results. He used 20 cu. cm., and brought the matter to the attention of his hearers, in order that the method might be further tested.

Dr. C. R. Dickson, of Toronto, contributed a paper on "Goitre." He had had opportunity of observing about 300 cases of various forms, and had made use of most of the methods of treatment usually advocated. He pointed out that swelling of the thyroid is the expression of several different pathological conditions. For exophthalmic goitre he had found the best treatment to be absolute rest in bed, a rigid milk-diet, and the exhibition of calomel. Galvanism of the sympathetic is valuable in some cases. In fibrosis of the thyroid, if the ordinary methods failed, he employed electro-puncture. When suppuration resulted, the abscess was to be opened and drained. In cystic cases he inserted an insulated cannula, cleared out the contents and then filled the cyst with saline solution. He then passed in a current of electricity sufficiently strong to destroy the lining membrane, employing pressure and trusting to the subsequent inflammation to obliterate the cavity. If calcification ensues hydrochloric acid can be used to dissolve the lime. Removal is only necessary in malignant cases. Thyroid and thymus extracts he had found useless. In the discussion,

Dr. Muir, of Truro, pointed out that exophthalmic goitre is very common in Nova Scotia, appearing chiefly in young females, particularly in blondes. As it occurs in young girls, he thought the pressure of school-work might have something to do with its production. He had not seen much benefit from electricity, but placed some reliance on intestinal antiseptics.

Dr. F. X. de Martigny then read a paper on "Genital Prolapse and its Treatment," contributed by Prof. Delaunay, of Paris, surgeon-in-chief to the Hospital Péan.

Dr. W. J. Gibson, of Belleville, detailed an interesting case in which a "bicornute uterus" had been mistaken for an ectopic gestation.

Dr. D. Campbell Myers contributed a paper on "Neurasthenia," confining his remarks mainly to spinal irritation and the relation of neurasthenia to insanity. Neurasthenia is a complex disease, that will be found in time to be divisible into special groups. Spinal irritation bears a close analogy to hysteria, and is clearly not due to an organic lesion of the cord, but to psychic disturbance. Dr. Myers thought that these forms of neurasthenia in which the higher centres and emotions were affected sometimes passed over into insanity. Treatment in the early stages is very important. Special stress was laid upon the necessity for removing the patient from his surroundings and restricting the approach of friends. The Weir-Mitchell treatment he used only in selected cases, but the underlying principles are of great value.

Dr. A. Gandier, of Sherbrooke, read a communication on "Tracheotomy *versus* Intubation in Diphtheria." He pointed out that some cases of diphtheria do not yield to the antitoxin treatment, and those in country practice are very difficult to manage. He emphasized the necessity of vigorous local treatment, as well as injections and the use of general supporting treatment. When it is a question of tracheotomy or intubation, he prefers the former.

A number of other papers were read by title. The session was conspicuous for the important matters that came before it. Besides the question of the British Pharmacopeia for 1898 the matter of "Inter-provincial Registration" of degrees was advanced very materially. Hitherto the possession of a degree in medicine in one province of the Dominion did not confer the right to practise in the others. This is an anomaly that is undesirable, and for years attempts have been made to overcome the difficulty.

Last year all the provinces except Ontario signified their readiness to co-operate, and decided upon a suitable curriculum satisfactory to them. Ontario, however, hung fire. This year, however, representatives from all the provinces except British Columbia

met, and have fortunately succeeded in reaching a common ground of agreement. They submitted to the Association a scheme of study for the entrance to and the practice of medicine, fixing the minimum requirements and adopting a course of four years of at least eight months each. Twenty-four months of this time must be spent in hospital work. A central board of examiners for the Dominion is to be appointed by the Medical Councils of the individual provinces to examine all candidates for the Dominion license. This Dominion license will bring with it recognition throughout Great Britain and the other colonies. This finding was signed by all the members of the committee, and is to be sent to various provincial councils for adoption.

A committee to arrange the details of this scheme was appointed, consisting of Drs. McNeill (P.E.I.), Muir (N.S.), Walker (N.B.), Marsil (Q.), Thornton (Ont.), Bayne (N.W.T.), McKechnie (B.C.), and Williams (Ont.). Dr. T. G. Roddick, M.P., was also appointed to bring the scheme before the Federal Government, with a view to obtaining legislative sanction to the new board. This result is very gratifying, as it brings within measurable distance a reform that is of the utmost importance and benefit to the medical profession in Canada.

The usual complimentary votes of thanks to the officers and the local committee were passed unanimously.

The following officers were elected for the ensuing year :

Presidents : Irving H. Cameron, Toronto. Vice-Presidents, Drs. James Bell, Montreal, Q.; J. A. Williams, Ingersoll, Ont.; J. McLeod, Charlottetown, P.E.I.; Kirkpatrick, Halifax, N.S.; L. N. Bourque, Moncton, N.B.; R. S. Thompson, Deloraine, Man.; Lindsay, Calgary, N.W.T.; S. J. Tunstall, Vancouver, B.C. General Secretary : F. N. G. Starr, Toronto. Treasurer : H. B. Small, Ottawa. Local Secretaries : S. R. Jenkins, P.E.I.; W. G. Putnam, N.S.; T. D. Walker, N.B.; Hon. C. Marsil, Que.; C. R. Dickson, Ont.; Geo. Clingan, Man.; Lowe, N.W.T.; R. E. Walker, B.C.

It was decided that the next meeting-place should be Toronto.—*Philadelphia Medical Journal*.

DR. W. GRAHAM has removed from Toronto to Clinton.

DR. UREN has removed from Acton to 137 Church Street, Toronto.

Editorials.

The Toxic Origin of Disease.

THIS was the title of Professor T. R. Fraser's address at the Edinburgh meeting of the British Medical Association. One naturally turns to such a paper by Dr. Fraser with more than the usual expectation. It has long been known to the medical world that he was carrying on the most careful and extensive experiments on toxins, antitoxins, immunity and characters of germ infections.

He paid a fitting attention to the wonderful advances made in diagnosis. This great accuracy enables the physician to arrange symptoms into groups, and determine the disease. It turns out that when this is fully accomplished that the real cause of the disease, the *vera causa*, is some toxic product; and that the structural changes so often encountered, are only accompaniments and results of this poison. In other words, they are effects, not causes; they are symptomatic, not etiologic. This would apply to such conditions as syphilis, rheumatism and malaria. The cure is to be found in some agent that controls the poison. The disease is not truly a product of the structural changes that are present, but of the hurtful poison capable of producing these structural alterations. Many of the ordinary poisons are marked by similar structural alterations as seen in the neuritis, anterior cornuitis, and arterial sclerosis of lead; the steatosis and yellow atrophy of the liver from phosphorus; and the fatty degeneration, sclerosis in the liver, peripheral neuritis and atheroma of chronic alcoholism.

The doctrine of the toxic origin of disease took another step forward by the discovery of the ptomaines and leucomaines found in the body. The human body, even in health, is a storehouse of these poisons of an alkaloidal nature, and great toxic power. Nervine is lethal in small doses; many of the products of the glands, as the saliva and bile contain poisons of a most deadly nature. In disorders of function, even though slight, poisons not found in the healthy body are generated, and may give rise to serious disease. Cholæmia, gout, rheumatism, uræmia, diabetic coma, stercoræmia, and probably chorea, sunstroke, neurasthenia, asthma, and the idiopathic anæmias, receive in this way a sufficient explanation. In the domain of mental diseases this also holds good. The auto-intoxication of the system in many diseases of the digestive and urinary systems have often caused mental derange-

ments. Recently in cancer, a toxic product has been obtained that is hyperthermic and lethal. This may account for the wasting and fatal results much more than the changes in the invaded tissues.

The greatest advance, however, has been along the line of bacteriology. At various periods in the history of medicine the views have been held that the infective diseases were due to some fermentation, to a parasite, or small infusoria. The introduction of the compound microscope paved the way to many and important discoveries. In 1861 Pasteur discovered and made clear the nature of butyric fermentation. By this discovery it became apparent the important part played in fermentation by minute organisms. This led to the discoveries by himself, Koch, Devaine, and others of the relation that micro-organisms bore to disease, as in the cases of pyæmia, anthrax, and fowl cholera. It was shown by Koch that these organisms could be cultivated outside the body for many generations and then reproduce the disease. Step by step the process was worked out in swine fever, glanders, tubercle, Asiatic cholera, septicæmia, erysipelas, pneumonia, and other diseases.

At first it was thought that microbes caused harm to the tissues by obstructing the smaller vessels and producing asphyxia of organs essential to life. Another theory was that in their growth they removed from the organs of the body certain material requisite for their health, and the proper discharge of their function. Both of these views are only true to a minor degree in the case of some of them. The real explanation of the injurious effects of these microbes is to be found in the poisons they produce. These poisons are of the nature of alkaloids, and are often of a most violent character. For example, one milligramme of dry tetanus toxin will kill a horse, and one-tenth of a milligramme of dry tubercle toxin will give rise to active hyperthermal reaction. The poisons are capable of producing focal changes as in the eruptions of the skin in certain contagious diseases, the necrosis of nerve matter in diphtheria, the meningitis often met with in influenza, the anterior cornual degeneration found often in tetanus and diphtheria, and the hæmorrhagic nephritis in serpent's venom.

Large numbers of disease germs are constantly invading the body and making attacks upon it. How does the body resist these attacks? Some animals can receive large doses of certain poisons as the herbivora with regard to belladonna and opium. Man can become tolerant of some poisons, as alcohol, opium, tobacco and arsenic, to a considerable extent. In some of these exceptional cases of tolerance the explanation may be an unusual activity of the kidneys, or some power of the blood to disintegrate the poison, or the capacity of the liver to hold large quantities in its substance, and only let the poison pass on

as it can be disposed, or, more likely, by the fact that the tissues gradually become accustomed, probably by exhaustion, to their disturbing influences.

It became a matter of observation that certain diseases conferred immunity against further attacks. As the microbe theory advanced and the knowledge of these became more complete, it was found that the same results followed when cultured microbes were injected into the body. Thus it became clear that the microbe was the living factor in these diseases. But still further investigation proved that the filtered solution in which these microbes were cultivated produced the same results. Here it became manifest that the poison, produced by the germ, and not the germ itself, was the active agent in causing the reactions and establishing the immunity. From this position the great step was made that the blood serum of protected animals, itself free from poisonous properties, injected into the non-protected, conferred upon them a remarkable resisting power.

All this proves that infectious diseases are of the nature of poisonings. Much light is thrown upon the nature of protection from these diseases, and of that acquired by vaccination. Much valuable therapeutic results have already been obtained, and much more may be expected in the near future.

In the case of the mineral and vegetable poisons a portion of the acquired protection is due to tolerance of the action of the poison, as already suggested, but this could not last long, and the tolerance soon disappears. It may be admitted that the pathogenic organisms remove from the body some material that renders it unsuitable as a soil for them; but this material would in all probability soon be restored and immunity lost. The theory of phagocytosis can hardly explain immunity. The phagocytes are mainly instrumental in acting upon the germs. They can have but little influence upon the toxins. Since the doctrine of phagocytosis by Metchinkoff, the more complete theory of toxins has come in.

These various theories of immunity must give way. When immunity is obtained by injecting increasing doses of the toxin, it is found that the result is of short duration. In the case of diphtheria from five to seven days, in serpent's venom only for a few hours, and in the case of filtered vaccine, the protection is short-lived. Enough has been done to show that protection so obtained is brief compared with that from the disease itself. Thus a protecting serum is yet a desideratum. Under certain conditions the microbe loses much of its virulency and yet retains the power to protect, as in the case of vaccinia, fowl cholera, anthrax and swine fever. When the germs of these diseases are treated

in a certain way, their virulent characters become modified, while their power to produce immunity is still retained.

Professor Fraser now reaches the culmination of his masterly stated argument. Immunity equally with poisoning is due to a soluble substance produced by the micro-organism. When produced by the introduction of the toxin it is of short duration as when compared with the introduction of the germ. It seems, therefore, that immunity to disease is due to the fact that there remains within the system an altered or modified microbe, so that it loses its power to produce poisons, while its disease-preventing properties is retained. This view depends upon the other view, that concurrently with the production of the toxin there is an antitoxin; indeed, the antitoxin seems to be an ingredient of the toxin. If the characters of the germ can be so educated as to produce antitoxin it would be harmless in the system and yet protective.

When a dose of serpent venom, several hundred times larger than that requisite to destroy life by subcutaneous administration, is given by the mouth, no harm results to the animal, but so protects the animal that it can withstand considerably more than the minimum lethal dose. From this it would appear that some change takes place in the venom in the digestive canal, so that the toxic constituents of the venom are destroyed, while the antitoxic are not, and are taken into the system. Similar experiments have been performed with like results in the poisons abrin and ricin and in the disease rabies.

Such results are of profound interest, and must attract great attention. It would seem as if the prediction of Pasteur was about to be realized: "The hour has now arrived when we may enter the enchanted grotto full of priceless treasures."

Ichthyol in Erysipelas.

DR. W. ALLAN JAMIESON, in his address on Skin Diseases, at the meeting of the British Medical Association, stated that ichthyol was almost a specific for erysipelas. An ointment containing twenty-five per cent. of the remedy is made with a base of prepared chalk and vaseline. The inflamed area is smeared with this; and then covered with a layer of cotton wool. A feeling of relief and coolness follows the application. The disease ceases to spread and the temperature falls. This is one of the very best methods of affording the inflamed surface rest. This will promptly check cases if used freely at the beginning of the attack.

Curable Mitral Regurgitation.

SIR WM. H. BROADBENT, in his recent work on diseases of the heart, pays the high compliment to Dr. George W. Balfour that the latter had rendered good service to the profession by calling attention to the above condition. In saying this he endorses the views of Dr. Balfour.

Those who have studied the writings of Dr. Balfour will readily appreciate the truth of the foregoing statement. It must be a source of extreme annoyance to a physician to find that by overlooking the true conditions in many cases of mitral insufficiency, valuable time has been lost, and that a murmur at one time curable has drifted into a condition of incurable cardiac failure.

Dr. Balfour contends that the vigor of any muscle depends upon its metabolism. The heart is no exception. During pyrexial conditions, and exhausting illnesses that interfere with the nutrition of the heart, its power to contract and empty its ventricles becomes lessened. Residual blood remains in these cavities; and this, with the reduced strength of the heart muscle, ends in dilatation. The heart walls in the dilated condition hold back the valves, and allow of a certain amount of regurgitation. Judicious treatment, consisting of proper rest, diet and tonics, cures such cases; and may remove a condition that would end in chronic invalidism.

Chlorosis and spanæmia are frequently attended with well marked regurgitation. The same condition of faulty nutrition of the myocardium gives rise to dilatation and the accumulation in the ventricles of residual blood. In chorea there is often an associated regurgitant murmur.

In the treatment of these cases, the anæmic and chlorotic should be given iron in some form that is found to agree with them. Arsenic is another drug that is well-nigh indispensable. It has an excellent tonic effect on the heart and the lungs.

When the dilatation is of more serious character, and is giving rise to a good deal of discomfort to the patient, rest in bed for a month may become necessary. In these cases no drug is so useful as digitalis. In very severe cases, large doses ought to be given regularly until a decided effect has been produced, then omitting for a time, and continue with the iron and arsenic. In less severe cases the digitalis should be ordered night and morning in moderate doses of, say, gr. i; and in the interval the iron and arsenic.

Many cases that are regarded as fatty hearts, are simply weak

hearts. The administration of such tonics as iron, arsenic, and strychnine are of the utmost value. In some of these cases with a persistent tendency to dilatation, no drug has such therapeutic qualities as digitalis. It may be taken for years with no other than the very best of results.

Mens Sana in Corpore Sana.

SIR JOHN BATTY TUKE, in his very able address in Psychology at the British Medical Association, dwelt strongly on the great advances that had taken place in this branch of medicine during the past thirty years. When but little was known of the underlying pathology, it was thought the insanities were mental diseases *sui generis*.

The advances made in the anatomy and physiology of the brain has shown that there are certain nerves of special functional activity, and that there are other nerves that appear to associate the stimuli of the various sense spheres. One of the great results of the researches of Hitzig, Fritsch, Ferrier, Gowers, and largely Hughlings Jackson, has been to show that the essence of mental is the same as that of bodily life, the adjustment of inner to outer relations. As knowledge of the brain became more and more complete, the fundamental physiological principles could be laid down that mental action is a function of connection, and that interruption of connection is the cause of impaired mental action.

The central point is the demonstration of the mechanism by which impulses are carried from the periphery to the cortex and from the cortex to the periphery. The introduction of the term neuron, with a knowledge of the cell and its dendritic processes, has greatly changed the way in which the physiology of the nervous system is being viewed. As Gowers states, the older idea that impulses are generated in the cells must be abandoned.

Under the recent methods of study, due to Golgi, Bevan Lewis, and others, changes are found in the conditions of the dendrons and cells in many cases of insanity, where formerly nothing was detected as morbid. The dendrons lose their gemmulæ and the cells often undergo color changes. It has become clear, as a result of recent research, that one of the most important functions of the cerebral cell is a trophic one over the dendrons and neurons. Alienists are now alive to the fact that the lesions productive of solutions of continuity in the nerve currents are the essential part of the pathology of the insanities.

The effect of this change in opinion regarding insanity shows itself on treatment of insanity. Early cases are regarded as fit subjects of the physician's best attention. As the result of proper care in the early period of the attacks, setting aside general paralysis, epileptic insanity and congenital cases, eighty per cent. of recent cases are amenable to treatment. One great difficulty is that cases must be well marked before they can be admitted to an asylum, and hospitals will not admit insanity cases for treatment. The hopeful period is thus often lost, especially with the poor.

The Ontario Medical Library Association.

THE first meeting of the Directors appointed at the Annual Meeting in June last was held on the 22nd of July, when the following officers were elected for the ensuing year :

President, Dr. J. E. Graham ; Vice-President, Dr. W. J. Greig ; Secretary, Dr. H. J. Hamilton ; Treasurer, Dr. Herbert Bruce ; Curator, Dr. N. A. Powell ; Assistant-Curator, Dr. W. J. Wilson.

The establishment of an academy of medicine, as urgently advocated by Dr. Osler at the annual meeting and reported in our last issue, came up for consideration. As the proposal had the unanimous approval of the Directors, it was thought that the scheme merited a full and free discussion and the serious consideration of the three medical societies, which are interested equally with this Association. It was therefore hoped that this subject would be brought to the notice of each society as soon as the autumn meetings are well under way.

For the purpose of making the Association more useful to its members and to the profession of the Province outside of Toronto, it was pretty well decided to have printed a catalogue of the more important and useful works now on the shelves—said catalogue to be distributed among the members.

Heretofore, the library has been open only from 2 o'clock to 6 each afternoon, Saturdays excepted. The Directors feel that the opening of the library during the morning hours would be of advantage to some of its members. Henceforth we understand the library will be open during the morning as well as afternoon. This, we are given to believe, depends somewhat upon the support and encouragement accorded by the Toronto members. We trust that the reading, progressive and advanced among our confreres will take steps, if they have not already done so, to identify themselves with an association

which was originated by the profession, is maintained by the profession, and conducted solely in the interests of the profession, and therefore indirectly for the benefit of the public at large.

Of the advantages of joining such an association as this, we propose to speak briefly in the next issue.

The University Senate Elections.

(From The Hamilton Times.)

IT is noticeable that of the sixteen candidates nominated to represent the Arts graduates in the Senate of the University of Toronto—only twelve of whom can be elected—no less than four, or one-third of the total number to be returned, are members of the University Faculty. These are Profs. Baker, Hutton, A. B. McCallum and Ellis. Considering the composition of the Senate under the University Act, this is too large a proportion and gives an undue preponderance to the purely academic element, the representation of which is already amply provided for by the statute. There can hardly be a doubt that the Legislature never contemplated that the academic bodies, to whom representation is largely given in various ways, should thus increase their representation by the elective process. The intention would rather seem to be to have these bodies represented on the Senate as the Act provides, and that the elective members should be chosen from the mass of graduates in Arts, Medicine or Law, who are unconnected with the faculty, or with the professoriate or teaching staff of the institution. This is evident from the Act itself under which the Senate is a mixed body composed of three classes of members, *ex-officio*, appointed and elective, representing different interests. Two of the *ex-officio* members, the Minister of Education and the Chancellor, seldom attend the Senate meetings. Of the other *ex-officio* members, the Presidents of University College, Victoria, St. Michael's, Wycliffe and Knox, all belong to the academic class. The same may be said of a majority of the appointed members. Of these the Council of University College appoints one representative, the University Council three, while Victoria, St. Michael's, Knox, Wycliffe, the Veterinary College, the Dental College, the Agricultural College, the Colleges of Music and Pharmacy the School of Science, the Toronto School of Medicine, the Trinity Medical School and Albert College, appoint one each. With a few exceptions, every one of these gentlemen belongs to the academic order. Of the five representatives of the Arts graduates, already

elected by Victoria, two are members of the faculty of that institution. In the last Senate there were twenty-four representatives of this class.

How unfairly the Act has been worked in the interests of the faculty is evidenced by the actual representation secured by the University Council. The Act gives that body three representatives, but as a matter of fact it has always had more. In the last Senate there were no less than nine members of the Council, the three to whom it was entitled under the Act, one appointed by the Government and five elected by the graduates in Arts and Medicine. Of the present Arts candidates three, viz., Profs. Baker, Hutton and A. B. Macallum, are members of the Council, and of the five medical candidates, only one, Dr. W. H. B. Aikins, does not belong to that body. All the others are members of the Council. The anomaly of the University Council thus increasing its representation on the Senate was never intended by the Act; but that is the almost certain result when the professors combine to elect themselves. They have such a pull with the electorate that other equally capable men, who have not had the same opportunities of cultivating it, are handicapped in the race. The remedy is in the hands of the graduates themselves, who should not hesitate to apply it in their own interests.

The numerical consideration is not the only one. Apart from the injustice to the other bodies represented, who are unable to enlarge their representation by the elective process, there must always be, in questions between the Senate and University Council relating to policy or administration, a conflict of duty on the part of gentlemen who belong to both bodies. That such questions have arisen and may arise again, everyone knows who has watched the course of events. Matters, too, are constantly coming up in the Senate which affect the personal interests of members of the faculty, and for this, it for no other reason, it is desirable that candidates elected by the graduates should be perfectly independent of the University Council, or of any similar body controlled by the professorial staff. The academic or faculty representation is quite large enough, if indeed it is not too large, and it should not be increased in the present elections either in Arts or Medicine.

The Patent on Antitoxin.

THE announcement that Professor Behring has been granted a patent as inventor of diphtheria antitoxin will be received by the medical profession with feelings of keen disappointment. The profession of this country has always sternly discountenanced any attempt on the part of its members to make scientific achievements opportunities of personal profit. Such discoveries as the medical profession have made have been fully and freely donated to the service of suffering humanity. Professor Behring's claim to be the exclusive inventor of antitoxin not only indicates a spirit of commercialism which does its possessor no credit, but it displays a disposition to assume credit for the labors of others, and to make of these an occasion of personal gain which can only indicate a high degree of moral perversity.

Professor Behring claims as his invention: 1. A process "of producing diphtheria antitoxin, which consists in inoculating horses or other animals capable of being infected with diphtheria with repeated doses of diphtheria poison or living diphtheria bacilli of gradually increasing quantity and strength so as to immunize them and form in the blood a counter-poison for destroying the poison secreted by said bacilli, drawing off the blood from said animals, separating the serum from the blood corpuscles, concentrating the former for use substantially as set forth.

"2. As a new substance, diphtheria antitoxin, consisting of the concentrated serum of the blood of animals treated with diphtheria poison and having the characteristic of immunizing test animals against infection with diphtheria, and curing them when artificially infected with diphtheria, said serum containing a counter-poison having the property of destroying the poison secreted by the diphtheria bacilli substantially as set forth."

It is almost superfluous to point out to any well-informed reader that Behring's claim to have done this is as preposterous as it is unjust. The principles upon which immunization to diphtheria was finally achieved were of gradual growth, the outcome of researches by thousands of untiring workers. The foundation of the work was undoubtedly laid by Pasteur in his method of immunizing against chicken cholera and anthrax. So long ago as 1887 Sewall immunized pigeons against the poison of rattlesnakes. He says, with genuine modesty, his work was undertaken with the hope that it might form a worthy contribution to the theory of prophylaxis, and it was a most worthy contribution. In 1887 Roux and Chamberland immunized animals

against malignant edema with sterilized anthrax cultures. In 1890, the same year in which Behring and Kitasato published their results in immunizing animals against diphtheria and tetanus, Fraenkel published his results in diphtheria after treating animals by weakened germs and filtered cultures. In the clinical uses of the serum Aronson's name must not be forgotten. His serum was first used in the Children's Hospital at Berlin in 1894. The serum of Roux had been used in one of the hospitals of Paris a month earlier than Aronson's in Germany. Emerich and Aronson both dispute the priority of Behring, and the French Academy of Sciences awarded their prize for antitoxin jointly to Behring and Roux, a fact which very clearly denotes the difficulty of estimating priority of merit in a scientific struggle in which the numerous competitors were so equally distinguished.

The principle which lies at the foundation of the invention of diphtheria antitoxin, and that which underlies all serum therapeutics, is that the blood of immune animals can be used in the treatment of others. Behring did not discover this principle, and in its application he was undoubtedly anticipated by the Japanese workers. If to any single man must be ascribed the distinction of being the inventor and discoverer of the beneficent principle of immunization, the honor belongs to the immortal Pasteur.

The manufacture of antitoxin has been carried on for many years in England, France, Switzerland, Italy, Russia and Japan, and in these countries no one has had the temerity to attempt to control exclusively its manufacture. In this country it is made by five Boards of Health and by several manufacturing firms. In this country alone has an attempt been made to monopolize its production, it being admitted that elsewhere the claims of any patentee are inadmissible.

If Professor Behring admits any merit in the work of his predecessors and contemporaries, his claim to be the exclusive inventor of diphtheria antitoxin is in contravention of all the ethics of a scientist's career. His claim is an offence against common morality. Had Simpson patented chloroform anesthesia, or had Lister patented antiseptic surgery, the world would have had two selfish empirics, and lost two medical heroes. If Behring, by the righteous judgment of mankind, can be adjudged sole and undisputed inventor of antitoxin, he has a place in the Temple of Fame for achieving the most beneficent discovery of modern times. It remains to be seen whether the temptation to be rich will overcome his ambition to be great, and whether for a tinsel crown he will barter a diadem of everlasting renown.—

Medical Age.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Men.

To the Editor of the CANADIAN MEDICAL REVIEW :

Pro Vera Gratias.

As one who for more than one-fourth of a century has been engaged in the active practice of medicine, I am of the opinion, as regards the profession being a gold mine, that such is not the case, and this opinion is based on the innermost acquaintance with fifteen doctors, resident of this and neighbouring counties. Those of the profession who are comparatively rich are few, and not in more than one or two instances do we find this condition the result of success in practice, of the major part of those who are stated as rich ; such wealth has been inherited and they have other sources of revenue than their profession. In fact, in comparing the success in life, *ab initio*, of these said doctors with those who unaided commenced life as tailors, shoemakers or blacksmiths, I am, having had ample time for study, of opinion that the tradesmen have succeeded better financially. The richest doctors, therefore, are those who either have married riches or secured good government situations, or have been heirs of some farmers, or engaged privately in some financial schemes outside of the practice.

The following clipping illustrates a condition of affairs but too often noticeable, in which the "old farm" makes the doctor presentable and pose as rich to unsuspecting or credulous observers.

The result of having a "smart Alec" in the family often ruins it, and many farmers are coming gradually to know it, and well they should. To them or their sons the clipping is referred as worthy to be posted on every barn door in Canada—in fact, every common or high school door also. *We want more John Drydens than doctors.*

Nusquam, Aug. 8th, 1898.

MEDICUS.

MOTHER'S FOOL.

" 'Tis plain to me," said the farmer's wife,
 " These boys will make their mark in life ;
 They never were made to handle a hoe,
 And at once to college they ought to go ;
 Yes, John! and Henry—'tis clear to me—
 Great men in this world are sure to be ;
 But Tom, he's a little above a fool—
 So John and Henry must go to school."

Now really, wife," quoth farmer Brown,
 As he sat his mug of cider down,
 " Tom does more work, in a day, for me,
 Than both of his brothers do in three.
 Book learnin' will never plant beans nor corn,
 Nor hoe potatoes—sure as you're born—
 Nor mend a rood of broken fence ;
 For my part, give me common-sense."

But his wife the roost was bound to rule,
 And so " the boys " were sent to school ;
 While Tom, of course, was left behind,
 For his mother said he had no mind.

Five years at school the students spent,
 Then each one into business went ;
 John learned to play the flute and fiddle,
 And parted his hair (of course) in the middle ;
 Though his brother looked rather higher than he,
 And hung out his shingle—" H. Brown, M.D."
 Meanwhile, at home, their brother Tom
 Had taken a " notion " into his head ;
 Though he said not a word, but trimmed his trees,
 And hoed his corn and sowed his peas,
 But somehow, either " by hook or crook,"
 He managed to read full many a book.

Well, the war broke out ; and " Captain Tom "
 To battle a hundred soldiers led ;
 And when the Spanish flag went down
 Came marching home as "*General* Brown."

But he went to work on his farm again,
 Planted his corn and sowed his grain,
 Repaired the house and broken fence,
 And people said he had " common-sense."

Now common-sense was rather rare,
 And the State House needed a portion there ;
 So the " family dunce " moved into town,
 And the people called him " Governor Brown ;"
 But the brothers, who went to the city school,
 Were compelled to live with mother's fool.

Too much free dispensary, hospital and lodge practice, with the too frequent use and recommendation of proprietary remedies of this or that company, weakened his standing and emptied his pockets, and disgraced him and his profession—*libera e nos a malis*.

WHY do so many young graduates who visit Johns-Hopkins have an acute attack of "swelled head"?

Book Notices.

Conservative Gynecology and Electro-Therapeutics—A Practical Treatise on the Diseases of Women and their Treatment by Electricity. Third edition, revised, rewritten and greatly enlarged. By G. BETTON MASSEY, M.D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; late Electro-Therapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, of the Société Française d'Électrothérapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal octavo. 400 pages. Extra cloth, beveled edges, \$3.50 net. The F. A. Davis Co., Publishers, 1914 16 Cherry St., Philadelphia; 114 W. Forty-second St., New York City; 9 Lake-side Building, 218-220 S. Clark St., Chicago, Ill.

We may remark at the outset, that as a specimen of book-making the above work could hardly be excelled. The plates are extremely fine, and aid the letter-press very much in making clear the conditions under discussion.

The many uses to which electric currents may be applied are handled with much care and thoroughness. An admirable feature of the work is that electricity is discussed as a therapeutic agent, and not vaunted as a specific for everything. The report of cases given in the work is very encouraging.

The descriptions of the different batteries and mode of use are good. The book would well repay reading, even though the electric treatment should not be adopted, as showing what is being done.

The Diseases of the Lungs. By JAMES KINGSTON FOWLER, M.A., M.D., F.R.C.P., Physician to the Middlesex Hospital and the Hospital for Diseases of the Chest, Brompton; and RICHMAN JOHN GODLEE, M.S., F.R.C.S., Professor of Clinical Surgery, University College, London, and to the Hospital for Consumption and Diseases of the Chest, Brompton, and Surgeon-in Ordinary to Her Majesty's Household. With 160 illustrations. London and New York: Longmans, Green & Co.; Toronto: The Publishers' Syndicate, 88-90 Yonge Street.

This work is the joint effort of two very distinguished members of the medical profession. Dr. Fowler takes the medical sections and Mr. Godlee the surgical ones. It is well known that these gentlemen have been making the medical and surgical diseases of the chest the

objects of their closest attention for many years. Both of them have been contributing for many years valuable papers upon the affections of this region. A work coming from two such authors is sure to contain much that is valuable.

The first chapter is from the pen of Mr. Godlee, and deals with the medical and surgical anatomy of the chest. It is well illustrated. The descriptions are of a most lucid character, and reflect great credit upon the author. This chapter is arranged in such a manner as to be of the utmost service to the student of thoracic diseases. This occupies fifty pages.

The second chapter is by Dr. Fowler, on the physical diagnosis of the lungs and pleura. The writer in twenty pages gives a masterly review of the general principles of physical diagnosis.

This is followed by diseases of the trachea and the bronchial tubes. The subject of bronchitis Dr. Fowler handles in a particularly able manner, under the headings of Acute, Chronic, Secondary and Plastic Bronchitis. Bronchiectasis in the adult and in children occupies about thirty pages. This chapter is specially clear and instructive. The favorite treatment is creosote inhalations. The treatment in the other affections is clear and decided. There is no halting between opinions. Bronchial stenosis and diseases of the bronchial glands receive a due share of attention.

We then come to an excellent chapter on Emphysema. The pathology, etiology, morbid anatomy, varieties, diagnosis and treatment are full and explicit. This chapter will well repay a most careful reading. Asthma the author speaks of under the headings, True Spasmodic, Bronchial, Cardiac, Renal, Hay Asthma. He highly recommends the hypodermic use of morphia in the attacks of true spasmodic asthma.

Pneumonia in its various forms of acute, chronic, lobar, lobular, sub-acute, fibroid, etc., receive great attention. Some seventy pages are devoted to this group. Short chapters are assigned to Diseases from Dust, Congestion and Collapse of Lung.

Pulmonary Tuberculosis fills 120 pages. One might say that this section alone would render the work of the utmost value. The general discussion of pulmonary tuberculosis is followed by a chapter on the Surgery of Pulmonary Cavities, by Mr. Godlee. There is no great enthusiasm over the antiseptics and the use of creosote, etc., etc..

It is gratifying to see that the important subject of pulmonary syphilis has received due prominence. We remember a leading journal editorially stating some years ago that it was one of the rarest things in pathology to find syphilitic affection of the lungs.

Dr. Fowler still regards it as infrequent, but worthy of very careful study, as it may readily be confounded with tuberculosis, and treatment wholly misdirected, and the chance of recovery lost. Antinomycosis, mycosis, tumors, hydatids, embolism, thrombosis, hæmoptysis, aneurysm of pulmonary vessels, and the pulmonary complications of acute diseases all come in for their full consideration.

Of the remainder of the work, 200 pages are devoted to the medical and surgical diseases of the pleura, the diaphragm and the mediastinum. Strong ground is taken against opening into the pleural cavity in tubercular pleurisy with fluid, even though turbid. The management of empyema, by Mr. Godlee, is very clear and helpful. The opinion is expressed that it is seldom necessary to wash out the pleural cavity.

The entire work consists of 707 pages. It is gotten up in the publishers' very best style. Good paper, type, illustrations and binding add an attractiveness to the excellent matter that is to be found within its covers. All-in-all, this is a most suggestive and useful work ; and we congratulate the authors on the result of their labors.

DR. R. C. M. PAGE, Professor of General Medicine and Instructor in Physical Diagnosis at the New York Polyclinic and Public Dispensaries of the city of New York, died on June 19.

DEATH OF DR. WM. PEPPER.—In the death of Dr. Pepper the entire medical profession loses one of its ablest supporters and a representative, world-renowned. Dr. Pepper was born in Philadelphia, Pa., August 22, 1843, and his father before him was a man of unusual prominence in medical circles. He graduated from the University of Pennsylvania at the age of nineteen and took the degree of Doctor of Medicine at the age of twenty-three. At the age of twenty-five he became a professor of the university, where he has held different chairs with great distinction. Dr. Pepper is well known as the author of "Peppers's System of Medicine" and through his other numerous writings and contributions to the literature of medicine. The death of Dr. Pepper was very sudden and unexpected, and occurred in California while on a tour in search of rest and recuperation. Angina pectoris is assigned as the cause of his demise.—*Cleveland Medical Gazette*.

Selections.

Surgical Items.

As far as possible I introduce only my hand into the peritoneal cavity. In pus cases it is well to spend some time in the introduction of pads, pushing the intestines up toward the diaphragm. In such cases, even if pus escapes, it will do little mischief, providing the escaping matter is caught in the gauze. I have been so well satisfied with this plan of procedure that in my later cases I have entirely dispensed with intra-abdominal flushings.—*A. Brothers.*

Every tumor of the larynx suspected to be malignant, of intrinsic origin, of limited extent, and apparently within reach of free removal, justifies an exploratory thyrotomy in a suitable patient, in the absence of infiltration of the surrounding structures and of affection of the lymphatic glands.—*D. B. Delavan.*

Nephrectomy whilst the opposite organ is occupied by calculus is fraught with the greatest danger to life; whereas nephrectomy, after the opposite kidney has been freed of stone, will probably be followed by recovery from the operation, and possibly by very good health for many years afterwards.—*Henry Morris.*

Patients operated upon in the continued Trendelenburg position should, from time to time be placed in a horizontal position, as the pressure of the abdominal contents upon the diaphragm and the organs of the thorax impedes respiration.—*S. O. Goldman.*

In my own experience, in an active surgical service in hospitals, I am satisfied that alcohol is responsible for the great preponderance of grave surgical cases on the non-working days of the year.—*T. H. Manley.*

No case of ruptured tubal pregnancy is out of danger until after a good ligature has secured the bleeding points.—*Cordier.*—*International Journal of Surgery.*

CONDURANGO IN GASTRALGIA.—According to Dr. Jouvenel (*Nord médical; Journal de médecine de Paris*), condurango has a marked action on gastric pain and vomiting. Aided by rest and a milk diet, it has checked hæmatemesis. Powdered condurango in catchets is recommended to the extent of from thirty to sixty grains in divided

doses daily. Tinctures of a strength of one in five are also recommended, from a hundred and fifty to three hundred minims being administered daily. Watery preparations are not advised. Professor Lemoine prescribes pills containing a grain and a half each of powdered condurango, from five to eight being taken daily.—*New York Medical Journal*.

SOMATOSE.—By Prof. Dr. A. Christoph, Constantinople. Mrs. E. von Boichetta, 52 years of age, wife of a railway engineer of Anatolia, stationed at Estreschir, consulted me two years ago at Haider-Pacha (opposite Constantinople) with regard to an obstinate malarian fever contracted in the former locality, which is very marshy. The Railway Physician had prescribed for her during a long time, per os, up to 48 grains of quinine without appreciable result; she became weaker every day, was not even able to walk, and was obliged to remain constantly in bed; she refused all nourishment and could not even tolerate milk. It was under such conditions that her husband came to me with a request to attend to her. After having made a careful examination I ordered to be administered to her every day by clyster 16 grains of quinine, 3 hours before an attack, a dose which I decreased gradually as soon as I had obtained the desired effect. At the same time I prescribed as a stomachic, hydrochloric acid pepsin in solution and three teaspoonsful of Somatose; in view of the happy result brought about by this treatment I soon increased the dose to two tablespoonsful. Some time afterwards the former doctor who had prognosticated a fatal issue within a few days, came to see the patient. My prescription of Somatose, which drug my honorable colleague did not even know by name, as he reads very few scientific papers, provoked his mirth. In spite of his jests, my patient to whom I had foretold a quick recovery, gained rapidly in strength while, at the same time, her weight increased and her appetite improved; she soon recovered so perfectly that she was able to return to Asia Minor, whence she consults me regularly by letter with regard to herself and members of her family. She sent me yesterday a translation of the article of "Gautier," which appeared in the *Neue Freie Presse*; "In reading this article," she writes, "I experienced great pleasure in seeing publicly recognized the efficiency of Somatose which that Railway Doctor had turned into ridicule and which gave me back my health, making me at the same time your debtor for ever for having prescribed it. I think I am a living testimonial of the genuine value of this drug, which is recognized to-day even by the most incredulous.—*Clinical Excerpts*.



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LITERATURE UPON APPLICATION.

Lambert Pharmacal Company, St. Louis.

Miscellaneous.

Antitubercle Serum in Tuberculosis.

BY LANDON B. EDWARDS, M.D.

Professor of Practice of Medicine, University College of Medicine, Richmond, Va.

IN the cases submitted no auxiliary treatment has been neglected (especially emphasizing the value of beechwood creosote by almost continuous inhalation and internal administration), but serum has proven to be an invaluable help. My records stand in round figures as follows: Total number of cases of tuberculosis of the lungs treated with antitubercle serum (Paquin) since January 1, 1896, thirty-five. Total deaths, five. Each of these cases came into my hands in a practically hopeless condition, apparent to the most casual observer. Total recoveries, eleven. By this I mean that bacilli have disappeared from sputa; healthy respiratory murmur has been restored; chest expansion increased from about one inch to two and one-half inches or more; flesh increased to about normal, according to height; appetites for meats restored, not despising pieces of fat, etc. The patients look well, and, according to physical signs and symptoms, are well. Two other patients, who came under my care after grounds for hope were gone, will die shortly. As to results in two other cases, well advanced in consumption, I am doubtful—to-day apparently improving; to-morrow worse, fluctuating in condition. Three or four other patients are holding their own, inclining to improvement, thus encouraging hope. The other patients are improving, and some, I believe, will recover.

HOT-WEATHER LITERATURE.—Those physicians who are away on a well-earned vacation probably want to forget all about medicine and are glad of the opportunity of escaping the weekly journal and the monthly heavy periodical. The stay-at-home also may prefer the cool spot, if he can find it, in his house and a light novel or the latest light magazine, and is perfectly willing to let medical reading pass unnoticed after hard work in a warm city. In warm weather the energy is lacking to do any more than is positively necessary, and the writer and reader is excused from taking that interest in deep matters during this period of supposed rest. When the warm weather is over and the physician comes back to hard work, he can then take up his practice and heavy reading with renewed interest.—*Maryland Medical Journal*.

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BUSTS OF SKODA AND ROKITANSKY were unveiled in the Arcades of the University of Vienna at the beginning of June. Prof. Nothnagel and Prof. Weichselbaum delivered the memorial addresses on the occasion for the respective representatives of their specialties. Of Skoda, Nothnagel said: "He was the Lessing of clinical medicine; at once an originator and a critic, of wonderful clearness of comprehension, of untrammelled devotion to truth for its own sake, and of judicial mental acuity. He was the introducer into clinical medicine of exact scientific methods."—*Phil. Med. Jour.*

"APENTA" WATER AND YELLOW FEVER.—We understand that the Surgeon-General of the United States Army has ordered considerable quantities of the well-known aperient water "Apenta" for use of the army in Cuba, in view of the threatened outbreak of yellow fever, the remedy having proved of value in the treatment of this disease in the fever wards of the Touro Infirmary, in New Orleans.

ULCERATIVE STOMATITIS.—Miss M——, Stamford; American; age 28; first seen June 2, 1898. Examination of the mouth revealed one large ulcer at the base of the tongue, one beneath and near the tip, and one around the mouth of Steno's duct, on the right side. General condition decidedly anæmic, and patient was put on a teaspoonful of bovine in milk every two hours. The ulcers were touched up with twenty-five per cent. pyrozone, and patient was ordered to apply bovine pure, once in a while, by putting a teaspoonful in her mouth and holding it there. Every morning, for four days, the ulcers were touched up by pyrozone; but after that bovine was used exclusively. Prior to the use of bovine in the mouth, the ulcers had been so sore that the patient could not take anything in her mouth without such great pain that she had been almost starved. But after beginning the blood application, all pain except a little smarting, ceased, and she could even enjoy a solid diet without much inconvenience. At the same time, the ulcers began to heal rapidly, together with improvement in general condition. July 14, 1898, the cure was complete.—*Sound View Hospital Reports.*

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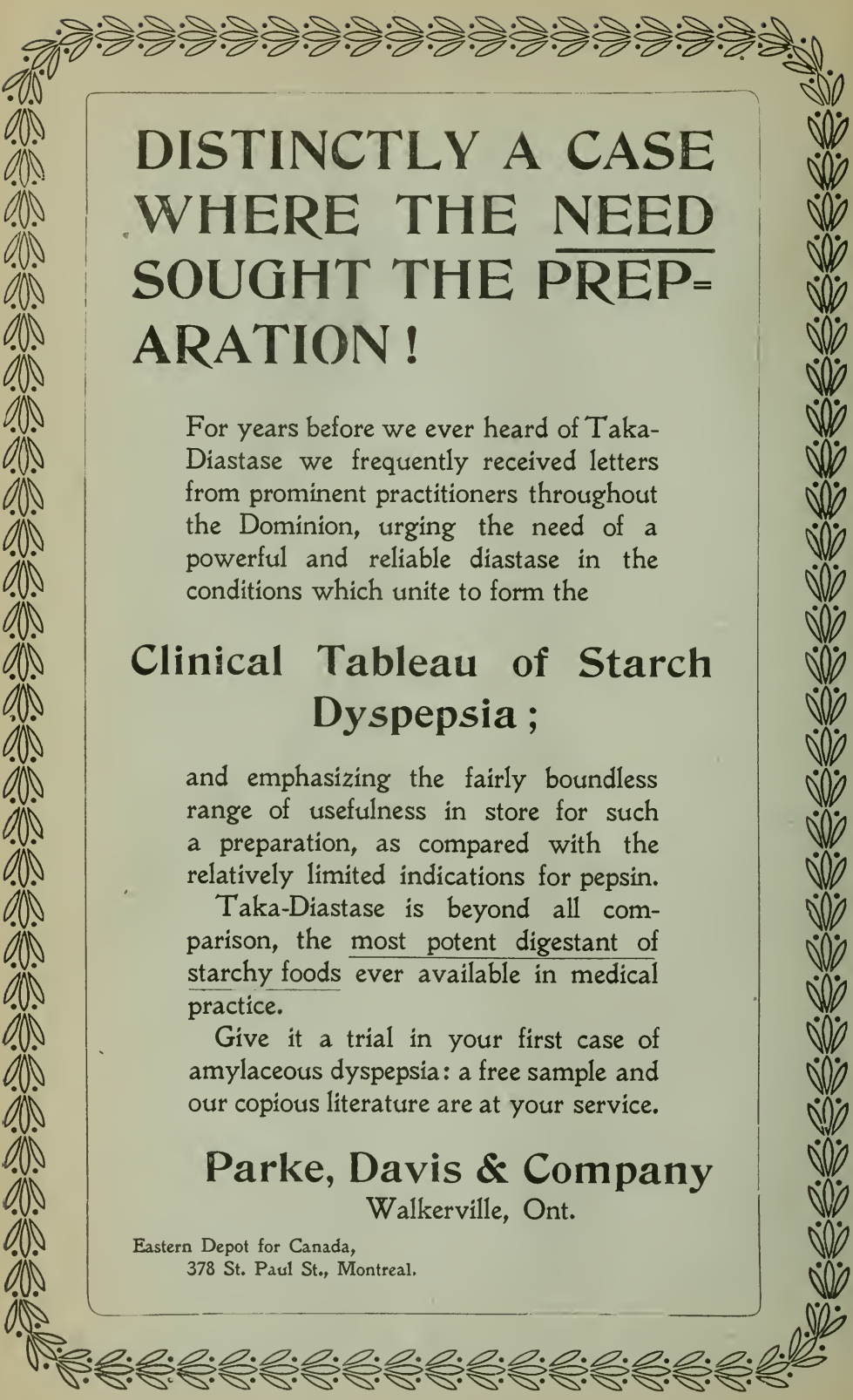
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Vol. VIII.

OCTOBER, 1898.

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Original Communications.

Toronto Clinical Society—President's Address.

BY DR. GRASETT.

GENTLEMEN,—At our first meeting for the winter, it is my duty to offer a few remarks by way of introduction. I see these are given in the official programme the rather formidable name of presidential address. I hardly think what I shall now very briefly say deserves that high sounding title. In the first place, let me thank you very much indeed for the honor you have conferred on me by electing me to this office. I think I value it more because I in no way sought for it; indeed if it be not an ungracious thing to say, I prefer to sit in the ranks as any ordinary fellow to holding any position in the gift of the Society. But since you have so kindly insisted on my being here, the best return I can make is to do all I can to make our meetings profitable and pleasant. To be successful in this I must ask and receive your generous forbearance and support, perhaps in larger measure than usual, for I well know I am not distinguished for many of those qualities that go far to make a successful presiding officer. If, then, each of us will do his share to carry out the objects of our Society, we will have no lack of interesting clinical reports, nor dearth of

pathological specimens and other material to ensure profitable meetings. Some of us in the past have done their whole duty in this regard, while others, like myself, have not.

We begin this year with no diminution in our numbers except by the loss of an excellent recording secretary, by removal to a far distant portion of the Dominion. Dr. J. N. E. Brown's place cannot easily be filled. Always bright and cheerful, ready to give any information, he was specially useful to us on account of his gift of shorthand, enabling him to make such excellent and correct reports of all that went on at the meetings. I am sure we all wish him every success in his new field of usefulness. It will be our duty to-night to endeavor to find a successor.

So far as I am aware the scheme of forming an Academy of Medicine here, and merging this and kindred societies in Toronto into it, has not made much headway. A committee was appointed in this connection, I believe, but no report has yet reached me of their having taken any action or met any similar committee from other societies. It would perhaps be better to again nominate a committee to act for us, in case the question takes any actual shape.

Last year we as individuals and as societies felt the benefit of the visit of the two important associations to Canada—the British Association for Advancement of Science, and the British Medical Association. The visit of so many of the foremost men in the ranks of science and medicine of Great Britain and the United States to this country could not help stimulating our interest in many branches of medical science. This year the meeting in Edinburgh of the British Medical seems by reports in the medical press to have been, if possible, even more successful than that in Montreal. A number of Canadians were present, not a few of them from Toronto and Fellows of this Society. You will see that to-night one of our Fellows will give us some aspects of the meeting. I had much hoped myself to have been at the meeting to renew friendships again with many whom I had known and worked beside years ago, but unfortunately my visit across the Atlantic was cut short, and I had to return before the meeting took place. Though not present I read with much interest the accounts given of the various meetings, addresses and social functions. It made me realize in a way I don't think I had ever done before, how great the change in medicine has been in the twenty-five years that have elapsed since I left the walls of my *alma mater*. It was my intention to-night to have taken some subject and drawn your attention to the advance made in it, as for instance the special lines of advances made by surgery, but I found the field to be travelled over so wide

that I came to the conclusion that I would adhere to the idea of this Society, that each item of its transactions should be as brief as possible and not presume on your good-nature. The explorations in territory hitherto practically dark and unknown regions of surgery and pathology are amazing. Great highways have been driven through completely new country, and yet plenty remains for the ambitious explorer to clear up. I sometimes think how astonished some of the old surgeons, or even those of not so long ago, would be if they could see the present day operating theatre and its *modus operandi*. Fancy Astley Cooper, or Liston, or even Syme, who used to amputate a limb in the simplest and speediest fashion, rapidity in those days counting for so much that often students wrangled over the number of seconds their favorite surgeon required for any given amputation—fancy Syme looking at the surgeon of to-day in his flowing white apron sleeves rolled up above the elbows, head bound up in a napkin, the sterilizer with the instruments hissing near by, the antiseptic fluids, and lastly, the binding up the stump in a complicated dressing. How non-plussed they would be if you asked them if they preferred 1-20, 1-40, or sterilized water.

While talking in this strain it calls to mind an address many years ago of my old friend and master, Dr. George W. Balfour, in which he endeavored to picture to himself how the Father of Medicine, Hippocrates, would feel if he paid a visit to the side room and ward of the present-day hospital. His delineation, to my mind, was so correct and yet so amusing that I possessed myself of a copy, and at the risk of trying your patience shall briefly give it to you.

Could we recall to earth one of those skin-clad savages whose graphic remains are still visible in the caves on the shores of our neighboring firth, who 2,000 years or more ago got their precarious living by hunting the stag and the boar in those trackless forests which then occupied the hills whereon our fair city now rests; or by catching the fish or the wild fowl of those lochs which now as beauteous gardens and fair meadows surround and adorn our dwellings, we could hardly imagine the wonder and awe with which he would survey the changed scene. But the awestruck amazement of this ignorant savage at all the wondrous civilization of this nineteenth century would be as nothing compared with the admiring astonishment with which Hippocrates, the father of our art, could we rouse him from his long slumber, would regard the present state of medicine. A denizen of Greece, in the palmy days of Pericles and Phidias, we must forgive the scornful smile with which he would glance at our paltry architectural imitations, especially at the

unfinished counterfeit of that Parthenon which he remembers in all its virgin beauty. Drawing his pallmin closer about him as a keen north-easter whistles past him, we shall suppose him to find his way into our infirmary—up the main stair-case into one of the side rooms, where he is courteously received by the attending physician and his clinical clerks, who, mindful of Mr. Syme's first axiom, —never to look surprised at anything—are politely blind to the scanty raiment of their strange visitor. Warmed by the genial atmosphere around him ; feeling himself, as it were, at home amid the sick and their surroundings ; conscious of his own personal reputation and of the esteem in which his views and his words were held for many hundred years, the venerable gentleman essays to impart a little clinical instruction in return for the kindness with which he has been received. Attracted by the appearance of some fluid collected in glass jars, which he thinks he recognizes, he proceeds to descant upon the prognostics to be derived from the appearance of the urine. He points out that clouds in the urine are favorable in proportion to the lightness of their color, the prognosis becoming more unfavorable if the clouds should rise instead of fall. A sediment smooth, white and consistent indicates freedom from danger ; but if the urine be clear occasionally, the disease will be protracted. Yellow their urine indicates an unconcocted disease, and a danger lest the patient may not hold out till the disease becomes concocted ; while dark-colored urine is always bad, and the darker the urine the worse the prognosis ; if bubbles settle on the urine, the kidneys are affected and the complaint sure to be protracted. Thus discoursing on the result of his experience and glancing round on his audience, he finds while he has been speaking one of the young clerks has been boiling some of the urine in a test tube and obtained an opaque, milky-looking fluid, and another a copious brick-red deposit. A little aghast at these peculiar and unexpected results, he wisely says nothing, and when asked as to the comparative value of picric and nitric acids as tests for albumen he feigns a little deafness ; but the look of helpless imbecility which steals over his face is not lessened when another inquires whether he prefers Moore's, Trommer's, or Fehling's tests for sugar in the urine. Going into the ward, the physician shows him a fine specimen of the cracked-pot sound, and then hands him a stethoscope that he may listen to a peculiarly good example of bronchophony. The word has a Greek ring about it, and thinking he may understand it better with the instrument in his hands, Hippocrates takes it, and, uncertain what to do with it, looks first at it and then through it, and then, utterly bewildered by all he has seen

and heard, suddenly recollects an important engagement in Thessaly, and with many thanks returns the wonderful but unknown instrument, and departs, a sadder if not a wiser man, feeling conscious that if called upon to pass a clinical examination of to-day, he, the greatest clinician of antiquity, would infallibly be found wanting.

We are by this episode shown the very great advance in scientific accuracy which medicine has made since his day ; but let us not forget that the torch of medical science which was by him first trimmed so as to give a steady and brilliant light, requires from time to time fresh supplies of oil, fresh trimmings of the wick to keep up and expand in ever-widening circles the area of that light.

Pelvic Disease and Insanity.

By ERNEST HALL, M.D., Fellow Brit. Gyn. Ass'n, Victoria, B.C.

THE ever-increasing burden of the insane that the State is compelled to bear from year to year should call the attention of those who have the national welfare at heart to the necessity of a closer investigation as to the cause and to the elaboration of more effectual remedial measures. Investigation is being prosecuted in many departments, with encouraging results ; Nature is being compelled to disgorge her secret as to the causation of many diseases ; but with the ever-increasing illumination, the shadows still lurk in many quarters, and over no department are the clouds of ignorance denser than over the afflictions of the insane population. Is there no balm in Gilead, no one to loose some of these unfortunates and let them go ? Must present space be overcrowded and new asylums be built ?

The determination of the various causes of insanity is, without doubt, one of the most important pathological problems of to-day, and one in which the profession as a whole should become sufficiently interested to contribute what mite of information each member may possess as the result of his individual experience in this matter. It is not to those necessarily in official positions—medical superintendents and assistants in our various asylums—that we must look for the solution of this problem. It is not always the case that the product of the political machine is either by training or experience fitted for the work entrusted to him ; yet we have Hobbs, of London, and Burgess, of Montreal, who, in the face of opposed

ignorance, have succeeded in giving to the "hopelessly insane" a measure of health and comfort. We are yet upon the threshold of knowledge with reference to this subject, and all information that can be offered should be readily received and thoroughly sifted until this much-neglected subject be brought to a degree of effectiveness at least equal to that of other departments of medical science.

In a province like British Columbia, but emerging from the pioneer period, subject to booms and strictures somewhat more acute than the older provinces, with a population composed too largely of adventurers, remittance men, "degenerate scions of noble ancestry," Asiatics *ad nauseam*, and subject to occasional attacks of Klondymania and political indecision, it is not surprising to find our insane population comparatively large; but when we look to Ontario, possibly the most favored of our provinces in resources, climate, and in civil, religious and educational advantages, with industrial competition at a minimum; in fact, where all the forces that should tend to the development of an ideal race appear to focus—why, we ask, should a province under such exceptional conditions give one insane to every 325 of the population? The answer to this question must be sought for in a direction other than that in which alienists have been searching; nor is it to be solved by the coming of new nomenclature by the nervous specialist. Theoretical speculations with regard to the psycho-neuroses and abnormalities of the neuron may be more interesting than profitable, while campaign theories that determine the amount of mental aberration by the number of gallons of spirits consumed per capita are unworthy of serious consideration.

An excellent definition of iniquity is, "a diseased or disordered condition or malformation of the physical organs through which the mind receives impressions or manifests its operations by which the will and judgment are impaired and the conduct rendered irrational." With the almost universal acceptance of insanity being due to physical disease, and that "mental disease," aside from functional or organic abnormality, is a myth, we may look for the causes of insanity, first, in the chief organ of the mind, the brain, and subsequently in other organs in the degree of their closeness of connection with the brain. Sufficient evidence is at hand to show that the conception of insanity as related to the primary disease of the brain alone must be abandoned; yet we cannot but admit, in all cases of insanity of extra cerebral origin, a secondary topic, reflex or functional disturbance of the cortex. Admitting the action upon the cerebral cell of a remote irritation, we must also admit the possibility of such irrita-

tion passing beyond the limit of repair and thus producing a pathological condition of the cortex leading to permanent insanity by the injury to the cell. Upon this hypothesis, we must admit the possibility of a given case of insanity caused by irritation from a pelvic or other remote organ, persisting after the removal of the original cause. The intimate nervous connection between the brain and the sexual organs requires no demonstration, nor does the relationship existing between a physical state and that of local congestion and organic activity. In fact, the continuance of animal life depends upon such relationship, and the nervous channel through which such results are made possible is the same channel by means of which a local pelvic irritation may be the cause of cerebral congestion and produce an alteration of the normal cortical function giving rise to and indicated by abnormal mentality.

It is not within the scope of this paper to discuss the various pathological conditions of different organs that may stand towards insanity in the relationship of cause and effect, but to direct attention to the disease of the female organs as a factor of no small importance in this connection, not forgetting the fact that the principles herein stated and the deductions that follow have an application by no means indirect to the opposite sex.

It has been stated that insanity exercises a peculiar influence upon the sexual organs of women. Kirkley, of Toledo, states that out of 595 inmates of an asylum, 230 exhibited perverted sexual function, but he is silent as to the organic disease.

Another question of importance is in order, Do operations upon the female organs cause insanity? Within my knowledge of surgery in British Columbia, only one case has been known to follow any surgical operation, and that after abdominal section for tubercular peritonitis in a woman. At the meeting of the American Medical Association in 1898, Dr. Moyer, of Chicago, said "there was no difference in the nervous and mental effects following operations upon the pelvic organs from those following operations in other parts of the body."

Mundé, before the Women's Hospital Society, November, 1897, stated "in a certain number of cases I am sure that temporary mental disturbance within the first week or two (mutterings, delirium, hallucinations, melancholia) following the operation have been due to iodoform toxemia since the symptoms gradually subsided when the iodoform dressings were discontinued. Undoubtedly predisposition to hysteria and insanity plays a highly important role in the production of mental disturbances under physical and mental excitement

of any kind, and it is the patients chiefly who are likely to furnish examples of the variety coming under this category.

"Therefore an operation on any part of the body may in such individuals produce such a result."

The following cases of insanity have come under my observation within the last ten months. In all of them was a pelvic examination made, an anæsthetic being used where patient resisted.

CASE 1.—(Reported in full in the *Canadian Practitioner*, April, 1898.) Mrs. McF., aged 35, two children, excellent family history, previous health good. After a prolonged strain due to her child's illness, she showed signs of melancholia, was placed under the charge of a trained nurse, but not improving was committed to the provincial asylum where she remained two years and eight months. Her asylum life was characterized by extreme violence, suicidal tendency and disposition to bite and otherwise injure attendants and was considered by the matron as one of the worst cases and by the medical superintendent as hopeless. In fact, her husband was told when he brought her home that she was not a fit case for surgical operation, etc. Examination showed right ligament thickened, left ovary prolapsed, uterus fixed and slight perineal rupture. Upon this finding apparatus treatment was recommended and accepted by the husband and friends. The uterus was curetted, upon section the right ovary was found cystic with tubal adhesions, left ovary adherent in culdesac with tubal extremity closed. Recovery from operation normal.

No change was detected in the mental condition until the fourteenth day after the operation, when she conversed a little and appeared to appreciate the services of her attendants, and we were enabled to relieve her of the bandages by which she had been tied to the bed. Improvement continued and within a week she was restored to her former self. Thirty-five days after the operation she returned to her home and family, and to-day, after nine months, she enjoys perfect health mentally and physically. This case comes under Dr. Hobbs' classification of "inflammatory group," in which he has a mental recovery rate of 49 per cent. with 23 per cent. additional who improved.

CASE 2.—Mrs. C., aged 57, married, several children; family history excellent. For several years had suffered from vague pelvic pains and underwent medical treatment, but without relief; also experienced some financial trouble. Melancholia slowly developed and she was committed to the asylum where she remained one year. A pelvic examination under anæsthesia showed lacerated perineum, laxity of the vaginal walls, but no other gross abnormality. Upon this finding I did not recommend treatment, but after conference with the friends

who desired nothing to be left undone that might afford any hope, I opened the abdomen and found large varicocele of both the broad ligaments with calcareous deposits and cystic degeneration of the pelvic peritoneum. Appendages removed.

Post-operative history normal; physical condition much improved and mental condition considerably better, so much that she is managed at home and takes not a little interest in domestic affairs and has made not a few clothes for her grandchildren, and is, in fact, better than we had expected.

Varicocele of the pampiniform plexus is a condition frequently met with in abdominal surgery and rarely if ever diagnosed. This condition is supposed to depend primarily upon loss of support through rupture of the perineum.

The connection between varicocele and exhaustion of venous energy had been fully discussed by Prof. Etheridge before the Gynecological Society, November 19th, 1897. He says: "An inquiry into the vascular supplies of the pelvis and the effect on it of a lacerated perineum reveals much. The arteries are few and simple, the veins are numerous, complicated and much given to presenting to us the peculiarities we call 'plexuses.' Each organ has venous plexus, such as the uterine plexuses, the broad ligament (ovarian and tubal) plexuses and rectal plexus; even the very entrance to the pelvis, the vulva, is supplied with a plexus. The walls of these veins are often thickened and contain phlebolites. The effect reflexly on a woman of the varicose condition of her vaginal and rectal plexuses arising from perineal tears is decided and often destructive of her nervous system's integrity. In by far the larger majority of such we see the digestive system breaking down first. This leads in time to the deficient sanguinificator. This introduces anemia sooner or later with its protean evils. The brain and spinal cord soon voice their partial starvation by an exaggeration of the reflexus.

"Fatigue comes on easily. Insomnia often appears; altogether the once sound woman becomes a wreck sooner or later."

CASE 3.—Mrs. R., married, no children; insanity, suicidal and religious; had been in the asylum for two years. Examination under anæsthesia showed retroversion of extreme degree, with dense adhesions. No other abnormality detected; operation advised, but husband would not give his consent. She is still in the asylum, giving no signs of improvement.

CASE 4.—Miss C., aged 24; melancholia of two years' duration following brother's death, which was very sudden. Examination under anæsthesia showed pelvic organs normal.

CASE 5.—Mrs. W., aged 40; no children; subject to epilepsy; inmate of an asylum four months; insanity of a very mild type. Examination under anæsthesia showed undeveloped uterus and ovaries; no operation advised. Recovery from mental trouble.

CASE 6.—Mrs. J., aged 28; three children, youngest three years old; no tuberculous history; several miscarriages since; suffered four years with pelvic pains; some better while carrying last child. In January of this year her husband took sick with *la grippe*, followed by pneumonia; during his sickness the patient acted as nurse and took a share in the household duties; towards the end of the second month she complained of pains in the back and exhibited well-marked indications of exhaustion. A pelvic examination showed endometritis, retroversion and great tenderness; was placed under appropriate treatment, including the Weir-Mitchell system, but without improvement. The hysterical condition passed to one of religious melancholia, which appeared to remain permanent for a few weeks. Finding all treatment unavailing, I decided to try surgical measures; curetted; found ovaries enlarged to double their normal size and cysts one inch in diameter attached to each; there were also tubal adhesions; appendages removed. Recovery from operation normal; mental condition some better for a few days, but within a week was decidedly worse; sleep became impossible without large and ever-increasing doses of hypnotics. Six weeks after operation symptoms of cerebral compression appeared, paralysis, strabismus, etc., with coma and death seven weeks after the operation. Although this patient presented sufficient pelvic disease to justify surgical measures under ordinary circumstances, the result shows that operation in this case was not indicated, and possibly detrimental, if, indeed, it did not hasten the fatal result. The mistake of undue haste need not be repeated. In future I shall abstain from operating until the possibility of acute cerebral cause is eliminated. It might be well to suggest that at least one year of expectant treatment be given following the appearance of mental trouble before operative measures be tried.

CASE 7.—Mrs. K., aged 46; several children, youngest 13 years; had "inflammation" after childbirth. Mild insanity of twelve years' duration, at first intermittent; melancholia and suicidal. Pelvic examination without anæsthesia showed perineal tear complete; left tube and ovary one mass of adhesions, possibly an old tube or ovarian abscess; very tender to the touch. Patient said, "The pain begins there and passes up into my body; then I get nervous." Operation advised, but refused by the husband, who said that since

she had been sick for so long, he preferred leaving the case in the hands of the Lord. From this logic I fled confounded, with serious thoughts of the possibility of a contagious element in this matter.

CASE 8.—Mrs. H., aged 46 ; six children ; considerable domestic infelicity. Took *la grippe*, followed by ethmiditis of moderate severity ; no septic sinuses. Attempted to commit suicide ; wandered away from home several times ; was committed to an asylum for four months, returning apparently well. A pelvic examination showed no abnormality.

CASE 9.—Mrs. W., aged 25 years ; two children, youngest 5 years ; miscarriage three years ago, followed by "blood poison" ; after recovering she suffered from pain in the back and side. On October 11th, 1897, she became unconscious, according to her own story, while washing clothes, and did not recover herself until November 24th, when she had but a few hours' consciousness, elapsing into the same state as before and remaining until December 20th of the same year. Her condition was described by her physician as "acute mania," caused by "congestion of the womb." This case came under my observation in July of this year, when I found her exhibiting definite symptoms of hysteria, with marked *globus*. After a few days of bromides, valerian and discipline, I examined and found congested an intensely cervic retroversion and enlarged ovary. With little persuasion she consented to treatment, namely, amputation of the cervix, curettage, removal of right cystic ovary, and ventrofixation. Recovery complicated with stitch abscess. The patient is now free from pain and absolutely well.

CASE 10.—Mrs. B., aged 31 ; family history excellent, but was considered a somewhat nervous child ; two children, youngest 7 years ; had "inflammation" after birth of last child. Previous to and during menstruation patient would become excessively nervous for a few days and then moderately irrational. It was found necessary to commit her to the asylum, where she remained, with occasional short intervals, for some four years. For the last six months she has been at her father's home, and appeared somewhat better. Pelvic examination shows slight perineal rupture, endometritis, enlarged and prolapsed ovary. With the full consent of the patient and friends, I operated, curetted, and removed the left appendage ; ovary hard and about the size of a small cherry ; the right ovary was enlarged and cystic. The tube was removed, the right ovary resected, and the small amount (chiefly cortical matter) that was left was fitted cap-like over the stump of the ligaments and attached with gut. Post-operative history normal. It is yet too early to report upon the mental condition ; however, so far all is satisfactory.

TABLE GIVING SUMMARY OF CASES.

NAME.	VARIETY OF INSANITY.	DURATION.	HISTORY OF PELVIC DISEASE.	VARIETY OF PELVIC DISEASE.	SURGICAL TREATMENT	RESULT.	
						PHYSICAL.	MENTAL.
1 Mrs. McF.	Violent and suicidal.	Two years and ten months.	None.	Ovarian prolapse, tubal adhesions, partial rupture of perineum.	Removal of appendages.	Cure gained 35 lbs.	Cured.
2 Mrs. H.	Melancholic.	One year.	Pain in side and back for six months.	Perineum rupture and varicocele of tubovarian plexus, peritoneal cysts.	Removal of appendages and curettage.	Improved.	Improved
3 Mrs. R.	Religious delusions.	Three years.	None.	Retroversion with dense adhesions.	Treatment advised but not accepted.	None.	None.
4 Miss R.	Melancholic.	Two years.	None.	None.	None.	None.	None.
5 Mrs. W.	Mild delusions.	Six months.	None.	Undeveloped condition of pelvic organs.	None advised.	Improved.	Cured.
6 Mrs. J.	Melancholic religious.	Three months.	Four years with Pelvic pains.	Enlarged and cystic ovaries, tubal adhesion.	Curettage and removal of appendages.	Died seven weeks after operation.	
7 Mrs. H.	Suicidal.	One month.	None.	None.	None.	None.	None.
8 Mrs. K.	Suicidal melancholic	Twelve years.	"Womb" disease and "inflammation" after child birth.	Tubovarian adhesion, complete perineal rupture.	Advised but not accepted.	None.	None.
9 Mrs. W.	Acute mania.	Two months.	"Blood poison" following miscarriage.	Enlarged cervix retroversion and large ovary.	Amp. cervix, removal of cystic ovary with retrofixation.	Improved.	Is well.
10 Mrs. B.	Premenstrual, excitable.	Five years.	"Inflammation" following birth of last child.	Cystic and cirrhotic ovaries and prolapse.	Left appendage removed, right ovary resected.	Too early to report.	

It would be presumptuous to draw conclusions from the study of but ten cases, and but five submitted to treatment, yet there are a few deductions that we may be justified in making that correspond somewhat closely with the results of those whose opportunities afford wider scope for observation and deeper investigation. We note :

1. That five or 50 per cent. gave a history of pelvic pain or inflammatory trouble.
2. That three or 30 per cent. gave a history of sepsis following child-birth or miscarriage.
3. That seven presented well-marked disease of the sexual organism, while one showed an undeveloped condition, that is, 80 per cent. showed gross abnormality of the pelvic organs.
4. That of those who had marked pelvic lesions two had never complained of any local trouble, and so far as we could determine had no suspicion whatever of the presence of disease.
5. That of the four submitted to treatment one was completely cured physically and mentally, one improved and is still progressing, one died from cerebral disease, and one progressing favorably but not sufficiently advanced to be classified.
6. That these results coincide with those of Dr. Hobbs in the London asylum as reported at the meeting of the Ontario Medical Society.

Again we note that the direct history of puerperal sepsis in three cases with a grave probability in two others is an additional reminder that the greatest care should be exercised—asepsis and, if necessary, antiseptics—in the management of all cases of abortion, miscarriage and normal delivery.

In conclusion let it be clearly stated that nothing is further from the purpose of this paper than to suggest operative interference with the pelvic organs as a panacea for mental disease, but in a very feeble way to rally to the support of those who, strong in the knowledge that experience alone can give, and firm in the conviction that the time has come when a new proclamation of emancipation must be published to those in mental slavery, are leading us in a campaign against officially retrenched and fortified conservatism. We ask that our insane mothers, sisters and daughters be given the same consideration and treatment that we grant to those whose mentality is not disturbed. If Dr. Hobbs, out of 110 operated upon for gross lesions of the sexual organs, restored to health forty and has improved an additional twenty-five and that without a death attributable to the operations, and if the limited experience of others corresponds with these results, it becomes incumbent upon us (1) to make a pelvic examination of all women

before signing papers of commitment, and if pelvic disease be found, to give such patients the benefit of modern gynæcological treatment, and (2) to unite in urging upon our respective Provincial Governments the necessity of thorough and systematic gynæcological treatment of their insane population.

I take this opportunity of thanking Drs. Frank Hall and Hart for their kind assistance.

GUMMATA OF THE HEART IN CONGENITAL SYPHILIS.—Lecount on the examination of a full-term child that died directly after birth found, besides well-marked lesions of congenital syphilis on the skin and lungs, four areas of focal interstitial myocarditis. The largest was on the anterior surface of the heart, midway between the apex and the base; it involved the left ventricle and the septum, and formed a white circular area 1 cm. in diameter. On the diaphragmatic surface of the heart near its right border there were three similar though smaller areas. Microscopically the appearances were those of a granuloma; there was no caseation. Syphilomata in the heart are rare in congenital syphilis. Mracek, in 112 cases of heart syphilis, found nine of congenital origin, and L. Hektoen added a fresh example in 1896, but none have been published since.—*Jour. Amer. Med. Assoc.*

IRON SOMATOSE.—Pauser, of Neusser's clinic (*Wien. klin. Woch.*, 1898, No. 25) records the results obtained by the use of this substance in eleven cases of anæmia, of which eight were chlorosis, one purpura hæmorrhagica, one secondary to gastric ulcer, and the remaining one of unknown causation. In most of the cases rest in bed was also enjoined; the iron somatose was given for considerable periods, and the red corpuscles and hæmoglobin estimated every week or fortnight. In the case of secondary anæmia and in three of those of chlorosis very favorable results were obtained. In two other cases these were only arrived at after a lengthened interval, and in a further one they were very slight. As to the remaining cases, in two no good effect was produced and the other two are not available for comparative purposes, as the patients were not kept in bed throughout. One of the greatest advantages of the remedy is that it is always well taken and only produced sickness in one case. It appears to be useful to give iron in combination with so readily absorbable a substance as somatose, the only drawback to the extended use of the preparation being its high price.—*Brit. Med. Jour.*

Editorials.

The Use and Abuse of Midwifery Forceps.

DR. R. MILNE MURRAY, Lecturer on Midwifery, Edinburgh School of Medicine, introduced the discussion on the above topic at the British Medical Association. His address was marked by sound advice. He contended that the great question for every one to determine, when attending a case, was "Whether the danger of waiting was greater than the danger of interference."

He paid special attention to the danger of employing the forceps too early in labor. The os uteri and perineum are still rigid. It might be also that the head had not descended through the brim of the pelvis. Great damage might be done by neglecting these important indications. The forceps are often used when they should not be used, they are sometimes not used when they should be used, and they are often used in a faulty manner.

There is a class of cases, and they are frequent, where it appears that the os is dilated and soft when the pains are absent; but as soon as a pain comes on the os becomes rigid, and contracts to perhaps one-third the size it had when there is no pain. These are very dangerous cases for the forceps. When the forceps are applied, the os contracts firmly on both head and forceps; traction in such cases is almost certain to cause cervical lacerations. The greatest care must be taken to secure a dilated and dilatable condition of the os. This can only be obtained in many cases by patient waiting.

On the other hand, when the os is dilated and soft, and the head is well down in the pelvic cavity, much harm may result from unnecessary delay. The continuous pressure of the head against the pubic bones may give rise to that frightful misfortune vesico-vaginal fistula. When the os is dilated and the pains are not advancing the head, the case calls for special attention, to ascertain the cause of the delay. The crux in this class of cases is the non-descent of the head. It is here the wise and timely use of the forceps has gained for them the reputation given to them by Baudelocque of being "the most valuable surgical instrument ever invented." In these cases the wisest aphorism is to "wait to see what nature can accomplish, not what she can endure." If this indication is clearly made out in one hour, their is no need to wait four hours.

In occipito-posterior positions of the vertex, when there is marked

flexion and good pains, the likelihood is that forward rotation will take place. When flexion is deficient, descent is difficult, and backward rotation is the rule. When the bregma can be easily reached, as soon as the os is dilated the sooner the forceps are applied the better. By the proper manipulations of the forceps we can secure forward rotation in nine cases out of every ten.

Another matter of much importance is the position the forceps should occupy with regard to the pelvis and the coming head. The teaching, altogether too common, of applying the forceps so that the blades are in position with the sides of the pelvis, is not good practice. It was strongly urged that the French teaching of applying the blades to the biparietal diameter of the head, is much more rational, and yields far better results. As the head descends the forceps come round into the pelvic transverse.

In some cases, as the head rests on the perineum, the latter becomes very rigid with each pain. The proper course is to administer chloroform to a sufficient extent to produce distinct anæsthesia, and make the traction between pains.

In all cases, jerky traction is to be condemned. The traction on the forceps should imitate a uterine contraction.

Dr. W. J. Smiley, late Master of the Rotunda, said that safety in the employment of the forceps lay in adhering as closely as possible to the following conditions: When the head had passed the brim by its greatest transverse diameter, when the os was fully dilated or dilatable, and the membranes ruptured. The high operation was only to be undertaken when the indications were very clearly defined. In many of these cases, if the attendant would only wait for a while, the head would mould, and pass the brim without the aid of forceps.

Professor Fehling, of Halle, called attention to the fact that the investigations of Hegar and Cullingworth had clearly shown that the mortality in midwifery had not been reduced by the introduction of the forceps. He thought that the great mistake made by young practitioners was to employ them too frequently, and consequently often when they were not required. The following three points should be borne in mind: The head below the brim, well rotated, and the os well dilated.

Sir William Priestly, Consulting Obstetric Physician, King's College, said that to employ the forceps before the passages were well dilated was to court lacerations.

Wm. Stephenson, Prof. Midwifery, University of Aberdeen, said that the rule he gave his students was to aid nature by the forceps, when it was clear from the condition of the passages that this aid could be given without deranging the mechanism of labor.

Dr. Arthur V. Macan, King's Professor of Midwifery, Trinity College, Dublin, remarked that when the head became fixed in the brim, it was a choice between the high forceps operation and craniotomy.

J. M. Munro Kerr, Assistant Professor of Midwifery, Glasgow University, contended strongly that the forceps should be applied with reference to the diameter of the child's head. In cases of flat pelvis the child's head should be grasped antero-posteriorly, this will aid much in lessening injury.

Drs. J. W. Byers, W. Japp Sinclair, Robert Jardine, M. Handfield-Jones, Samuel Sloan, A. Laphorn Smith, J. Krassey Brierly, John Moir, J. W. Draper, John Connell, and Thomas More Madden took part in the discussion. These gentlemen all expressed themselves as in favor of the forceps as an aid to nature, and not taking the place of nature. They agreed on one very important matter, that no rule could be laid down as to how long the second stage of labor should be allowed to linger. The condition of the patient must, to a great extent, determine the necessity for assistance. One patient would suffer more in an hour than another in four hours.

Traumatic Neurasthenia.

NEURASTHENIA is that condition where the nerve centres become weak and irritable. They are sometimes very intolerant of fatigue and external influences. It cannot be called a disease in the strictest sense. No pathology or morbid anatomy can be said to characterize this troublesome condition. These persons fatigue easily. When an effort is made it is soon followed by confusion, and often by marked irritability.

If this condition develops as the result of an injury it is called traumatic neurasthenia. This is the most frequent of functional nervous disorders that follow accident. Its general features are the same as those of the same condition induced in other ways. The two features that tend to modify its clinical aspects are the symptoms usually referred to the back, as these cases generally are connected with a railway accident; and the frequent attendant litigation. Men are much more frequently affected with neurasthenia after injuries than women.

There is a predisposition to nervousness in some cases, but not always. In some cases there is previous anæmia or debility. In some the condition prior to the shock was that of good health.

The increase in litigation has increased the number of cases of neurasthenia. The condition does occur apart from litigation. The conditions surrounding railway accidents tend to cause excitement, strain on the back and shock. These factors are sufficient to set up all the nervous symptoms present in neurasthenia, and yet the person may have sustained no injury whatever. On the other hand, injury without the terrifying factors of a railway accident, may produce a well marked attack of neurasthenia.

In some cases the attack is slight, in others very severe, and may render the person unfit for any duty.

The pathology is quite obscure. It has recently been shown that after fatigue there are changes in the ganglion cells. There may be some such condition in neurasthenia, as this symptom is the most prominent one in affection. Hodge, Lugaro, and Bailey are of the opinion that there must be nutritional derangement of the nervous centres to account for such marked perversion of the nervous function. There may also be structural changes.

When the trouble is well developed the person is hypochondriacal, fretful, querulous, and introspective. He tires of any prolonged effort. Trivial things annoy the patient. The slightest noise or a light causes annoyance. Some take to their beds as a mental condition, and without any organic disease. To find fault with everything is a special feature. To introspect is another. Every feeling, change and variation in his condition is a cause of new alarm. Always alert for some deviation from the normal, they usually find what are thought to be serious evidences of ill-health. Mental fatigue is another feature. They are easily wearied. Some could not read the signs on the street, or the large headings of a newspaper, without feeling the most intense brain exhaustion. The lack of will power is prominent. The simplest actions cannot be decided upon. Foolish fears haunt them. They are afraid to go from home, or to travel by rail or water, or to go into a carriage, or there is a fear of some disease, or indefinite suffering. The speech is careless, and articulation bad. This can be greatly corrected by the person. The facies has a tired, anxious and discouraged appearance.

In neurasthenia paralysis does not occur. When such is functional it is the result of hysteria. The vigor of the whole muscular system is much lowered, and fatigues readily. There are no degenerative symptoms. This muscular weakness is only an expression of the condition of the nervous system. The finer movements of the finger are imperfectly performed. Although there is no paralysis, the person may not walk for months. A firm rapid tremor, like that of alcoholism, is frequent. It is intentional in character, becoming pronounced when

the person attempts to do anything. The tongue, face and hands are usually affected. There is a resemblance to the tremor of general paresis.

The sensory symptoms are varied and interesting. One of the most frequent and troublesome is pain in the back. It often gives rise to the belief that the spinal cord is injured, and the person will not walk, thinking he is paralyzed. In some cases the pain affects the entire back, but mostly the cervical, and thoracico-lumbar regions. It is very indefinite. The pain increases on any attempt at movement, on pressure, or even by mental effort at thinking about anything. In other cases the pain is confined to the lumbar region. It is a very obstinate condition. In many of these cases there is sprain of the back. By a process of auto-suggestion, this becomes associated in the person's mind with injury or disease of the cord. The person becomes neurasthenic from the shock and fright at the time of the injury, and from subsequent anxiety and worry over his condition, which he fears is going to prove permanent. He may be honest, though his trouble is only a neurosis. Complete recovery is the rule. A careful examination would show that the cord itself has escaped. Bramwell, Hirst, Page, Oppenheim, Bailey and others take the view that these cases of traumatic lumbago, where the examinations show that the cord is not affected, are a pure neurosis, except to the extent of injury that may be done to the ligaments, bones or joints of the lumbar spinal column.

There is often headache, but anæsthesia does not occur in traumatic neurasthenia. This happens only where there is hysteria associated. The special senses are sometimes affected. Asthenopia is the most frequent eye trouble. It is of great importance to note that the reflexes, superficial and deep, are never lost in simple traumatic neurasthenia. When they are lost there is some lesion in the nerves, or cord, to account for their absence. The tendency is for these reflexes to become more active in neurasthenia than in the normal condition ; and some, such as the extensor, supinator and triceps, which are usually absent in health, are now present, and may be quite active. But the feature of great interest in the diagnosis of these cases is that the reflexes so quickly become fatigued like other muscular actions. After trying them for a few times, there ceases to be a response. It is worthy of close attention to notice how, with each blow on the patellar tendon, the reflex grows less until it disappears altogether.

Palpitation of the heart should not be overlooked. It occurs when the heart acts perfectly in every respect ; and often becomes so violent as to give rise to much alarm. The associations in the case usually keep the diagnosis, in this particular, on safe lines.

Surgical Treatment of Malignant Disease.

OPINION is not yet settled as to the true origin of cancer. One theory is that it is embryonic; the other is that it is parasitic. Many arguments have been advanced in favor of each of these theories. The arguments of Jonathan Hutchinson would seem to settle the question in favor of the embryonic theory. There are two views of the embryonic theory. First, there are cells of embryonic character present in the body which take on pathological development; the second is that the normal cell may revert to the embryonic type.

Hutchinson has strongly urged the view that cancer is of the nature of a chronic inflammation. He holds that it is always of local origin, and that during the progress of this inflammation, the cells take on the embryonic cast, a process known as reversion in evolution.

Robinshi is of the opinion that the disease is rather a general one at first, and travels by the lymphatic channels.

The great matter of importance is to find out by careful study the course of the lymphatic channels and the position of the lymphatic glands. This knowledge would enable the surgeon to remove the tissue most likely infected. The views of Hutchinson, Cheyne, Snow, Halsted, Shield and others are very outspoken in favor of early and thorough removal.

If the views of Virchow, Russell, Roncali and others are adopted, namely, that cancer is of parasitic origin, one would be inclined to think that there is a time when the disease is still local. Under this view, the true course would be, as in the other view, that of early and free removal. This is borne out by experience. By early and free removal cures have been effected in many cases.

PREVENTION OF SORE NIPPLES.—Dr. J. Melton Mabbott, in the *New York Medical Journal* of September 10th, claims good results from the following method of treating the nipples: For about four weeks the nipples are carefully rubbed every night with lanolin. The nipple is gently but thoroughly massaged with each application. In the morning, this is washed off with warm water and some variety of good white soap. A soft brush must be used, by which the soap is thoroughly worked into the skin. This practice has the effect of producing a full and well-raised nipple. Further, it renders the skin very resistant to the influence of moisture in causing fissures.

Hospital for Consumptives.

A PRELIMINARY meeting was recently held of persons impressed with the necessity of a hospital for consumptives near the city, under the control of the citizens, where with the special advantages afforded by such an institution a larger number of cases of the disease could be relieved and cured, and which at the same time would relieve the hospitals and afflicted families of the risk of infection; and in order, too, not to be in this respect behind cities in Europe and the States. It was unanimously decided to take steps at once in this behalf.

Over eighty of the older leading medical practitioners of the city have memorialized the citizens in effect as follows:

"That a sanitarium or hospital for consumptives in all stages of the disease, outside the city, but adjacent, is at the present time a very pressing need, and most deserving of public support.

"That a number of suitable buildings and grounds on the heights just north of the city can now be purchased for from \$7,000 to \$12,000 each, either one of which, with about \$3,000 for slight alterations and equipment (a total of from \$10,000 to \$15,000), would accommodate from twenty so twenty-five patients, and form a very good nucleus for starting such an institution at once, before the severe season, when such patients suffer most.

"It is believed that with the usual grants per patient by the city and the Provincial Legislature, with the weekly sums some patients would be able to pay, in addition, the hospital could be so managed as to very soon, if not almost from the start, pay working expenses, and not continue to draw on the charity of the public. Already financial assistance has been promised."

A public meeting was held on Friday, October 14th, at 8 p.m., in St. George's Hall. Mayor Shaw presided, and on the meeting being declared open, Dr. Playter outlined the reasons for which the meeting had been called. He pointed out that a number of other countries had tried the scheme which it was proposed to operate in Toronto, and it had been found to work admirably. He emphasized the necessity of taking some action in view of the rapidly increasing ravages of consumption, and pointed out that Canada had no institution of the kind where people who could not pay for it could receive treatment.

Dr. E. J. Barrick delivered a strong and urgent speech in favor of the undertaking, and was followed by Mr. F. S. Spence, the Prohibition promoter, who spoke strongly in favor of letting the Gravenhurst Sani-

tarium Association take the matter in hand. It was their purpose to establish hospitals in various points in Canada, besides the one at Gravenhurst, and Toronto was one of the first places to which they would turn their attention. He agreed, however, that it was time some action was taken.

An animated discussion ensued, at the close of which Dr. Barrick introduced the following resolution: "That in the opinion of this meeting it is not only desirable, but highly necessary, in the public interest, that a sanitarium or hospital for the treatment of consumptives should be established in the vicinity of this city, under the control of a citizens' committee and the Medical Health Department, believing that such an institution, under such management, would not only be a boon to our afflicted poor, but also a means of protection from infection to the rest of the community."

Hon. George W. Allan, in seconding the resolution, referred to the great spread of consumption in recent years, and said that he believed cases were often developed in rural districts by patients being shut up during the winter months with the healthy members of the family. He spoke of the urgent need of a hospital at once, and declared himself as heartily in accord with the scheme proposed.

Mr. Spence, of course, followed with an objection to that part of the motion referring to the institution being under the control of a citizens' committee.

His Worship the Mayor declared himself as entirely in sympathy with any scheme which would lessen the danger and check the spread of the disease. He contended that an institution such as the one it was proposed to establish was as much of a necessity to the municipality as an isolation hospital or a smallpox hospital.

Dr. Bryce, Provincial Health Officer, gave some statistics regarding the number who were annually affected with the disease in Toronto, and stated that last year 475 cases had been treated in Toronto hospitals, of which 25 per cent. had died. In establishing a hospital like the one proposed they would, if they treated everyone affected, have about 800 patients constantly under their care. It was a large financial problem, but one which not only Toronto, but every municipality should face. They had in the Gravenhurst sanitarium both Government and private assistance. They had also the promise of municipal support for the present enterprise, and those he considered the three requisites. The people must realize that in consumption they had a dangerous enemy in the community, and one to which it was their duty to attend.

The following committee was appointed, and will be convened by

the Mayor within a week : Mayor Shaw, Senator Allan, Ald. Davies, W. R. Brock, C. D. Warren, A. E. Kemp, H. H. Fudger, J. W. Flavell, Wm. Christie, Ald. Denison, Dr. L. W. Smith, W. S. Lee, ex-Ald. Moore, Thomas Crawford, M.L.A., Robert Fraser, B. E. Walker, George Cox, T. R. Bull, Wm. Davies, Geo. Gooderham, F. S. Spence, Drs. Cassidy, R. A. Pyne, J. F. W. Ross, A. A. Macdonald, W. H. B. Aikins, H. C. Burritt, J. T. Fotheringham, W. P. Caven, W. Oldright, A. H. Wright, E. Playter, Alex. Davidson and Thos. Armstrong.

It is to be hoped the opposition displayed by the National Sanitarium Association may not be effective in hindering this necessary undertaking.

DIVISION No. 7.—We understand that Dr. McCrimmon, of Palermo, and Dr. Stuart, of Milton, will be the candidates in this division.

DIVISION No. 8.—There will be a contest in this division for Medical Council honors between Dr. Armour, of St. Catharines, and Dr. Glasgow, of Welland.

MEDICAL COUNCIL, DIVISION 12.—The requisition and nomination papers placed in circulation by the friends of Dr. Sangster, of No. 12 Division, have over one hundred signatures, and it is expected that they will include the names of almost the entire electorate for the division. This certainly does not indicate any condemnation or disapproval of his course in the last Council. Dr. W. O. Eastwood, of Whitby, is the returning officer.

TORONTO WEST.—Dr. Albert A. Macdonald's candidature is popular in this division. We expect him to be returned without opposition. Dr. Spence has retired from the contest.

TORONTO EAST.—Dr. E. J. Barrick's, requisition and nomination papers have been signed by nearly all the physicians residing in this division. He has made a most excellent representative and is deservedly liked by his constituents.

DR. CLIFFORD ALBUTT, of London, England, during a recent visit to the city, was entertained by Dr. Graham on the evening of the 8th, when many of the city physicians had the pleasure of meeting this distinguished member of the profession.

UNIVERSITY SENATE ELECTIONS.—A contest was not expected for the position of medical representatives in the Senate, as it was generally conceded to be in the interest of the medical faculty of the University that the four former representatives should be elected by acclamation ; but there are always to be found restless spirits fond of intrigue, who, instead of promoting good fellowship and friendly feeling, delight their sordid souls in strife, consequently, to satisfy their morbid cravings, they decided to “make mince meat” of Aikins and elect a professor in his place ; but for a variety of reasons Aikins did not cut up properly and is still in existence with integument intact. Why supposedly intelligent men with a certain degree of scientific knowledge should stoop in a contest for academic honors to slanderous statements and offensive personalities, is beyond our comprehension. It is gratifying to know that Dr. Aikins’ candidature received the practical endorsement of about one hundred and forty voters in this city. There were 919 ballots polled in this election, resulting as follows : J. E. Graham, 740 ; A. H. Wright, 699 ; W. H. B. Aikins, 528 ; I. H. Cameron, 505 ; J. M. MacCallum, 481. The first four were declared elected.

THERAPEUTICS IN NERVOUS SYPHILIS.—Dr. A. C. Conklin, in the Brooklyn *Medical Journal* for October, remarks that syphilis may present itself under three conditions as affecting the nervous system : First, those occurring during the active period of the disease ; second, those from long-continued action of the poison ; and, third, those cases where the infection has come in through the ovum. In the first set of cases, there is often only a syphilitic neurasthenia, or an infiltration of the nerve cells and sheaths, or an accumulation of cells into tumors. In the second group, there is a destruction in certain cells and fibres of parenchymatous form ; these disappear, while the connective tissue and neuroglia are increased. In the third class of cases, there is often a faulty development of the nervous, although the same conditions may be found as occur in the acquired forms. In the first form the condition is mainly of inflammatory type, and a recovery is much more likely than in the second and third forms. There is but little hope, in the two latter forms, that the lost neurosis can be restored. In the nerve tissue, the inflammation may be parenchymatous or interstitial. As affecting the nervous system, the meninges may be inflamed or thickened. There may be new formations causing pressure, or the blood vessels may be diseased. The treatment, of course, is that by the iodides and mercurials, or both.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Medical Electors of the Province of Ontario.

GENTLEMEN,—In view of the approaching Council elections, permit me to ask your serious attention to the few following questions, facts and considerations :

Are you aware that in giving you, by the Act of 1893, seventeen representatives, or three-fifths of the membership of the Council, the Legislature gave, or intended to give, you the control of the Council and of all the committees of the Council, and, so, the complete management of your own affairs as an incorporated profession ?

Are you alive to the fact that, nevertheless, through the unfaithfulness of less than a third of your own elected representatives, the whole control of the Council, and of all its committees, and the entire government of the profession, practically rest in the hands of a few homeopaths and appointees of Medical School corporations—living and defunct ?

If you are cognisant of these things, do you think it comports with your dignity and self-respect, as members of a learned and reputable profession, to continue as your representatives in the Council, persons whose contentions and votes, as evidenced by the published proceedings of the past four years, have been more or less constantly determined by considerations and interests inimical to yours ?

On any and every question touching the interests of homeopaths or those of the educational bodies—the representatives of these two elements in the Council can be counted on to speak and vote as a unit—yet no matter how vitally concerned the profession may be, in the question at issue, its representation is divided—some four or five territorial men, and always the same four or five territorial men, can be counted on to side with the schoolmen and homeopaths, and, not rarely, against even the bulk of their fellows. Who are these men ? Drs. Bray, Rogers and Williams—the three territorial ex-presidents of the Council ; and Drs. Brock and Roome—the two gentlemen who are understood to be qualifying for the president's chair. Every other territorial man in the Council is to be found more or less frequently arrayed in opposition to the combined schoolmen and homeopaths, but these gentlemen, never ?

WHAT ARE YOU GOING TO DO ABOUT IT?

The question is what are you going to do about it? For the first time since its establishment, there now exists in the Council a compact and useful opposition. It has already done good work, and is destined to grow in power as you become more fully alive to your own interests. The opportunity to help it and to help yourselves is now before you. If you neglect or misuse the occasion, there is but little hope that any great reforms can be secured during the next four years. And yet there are important considerations which should help you to decide what to do. Allow me to call your attention to a few of these :

COUNCIL RETRENCHMENT.

Retrenchment—though eminently desirable, and in several directions quite feasible, without detriment to any lawful function of the Council—is uniformly opposed by the Ruling Alliance, and, thus, is largely beyond our reach. The Finance Committee was induced last year to make a special report recommending reductions in expenditure amounting to an annual saving of some \$2,000. You and the electorate generally are invited to read the debate on this report (Annual Announcement 1897-98, pp. 60-77 and pp. 122-126), and to note the pretexts, plausibilities and votes by which its several recommendations were defeated. When, as in these and other instances, efforts to economize were aborted by the irresponsible elements of the Council, aided, as shown by the recorded yeas and nays, by less than a third of the territorial members, and always by the same territorial members, surely it is not too much to expect that, sooner or later, these gentlemen will be taken sharply to task by their constituents.

THE COUNCIL'S REAL ESTATE.

The real estate dilemma of the Council ought to be squarely faced, and relief obtained even if heroic treatment has to be applied. It is the opinion of first-class real estate men in Toronto that the Council has no existing equity in the Bay Street property—that it is mortgaged up to or beyond its present value. This view is confirmed by the fact that the company holding the mortgage declined last year to foreclose and take possession—preferring the alternative of reducing its rate of interest to three and a half per cent. If the rentals received and a fair allowance for Council accommodation conjointly amounted to as much, or to nearly as much as the yearly cost of running the building, holding it for speculative purposes, waiting, Micawber-like, for some

thing, to turn up might be thought justifiable; but to hold it at an annual loss in hard cash of over \$3,000 is to impugn the business capacity of the Council and, at the same time, to seriously reflect upon the good sense of the College which stands behind the Council and permits so ruinous and so senseless a money sacrifice. Yet no honest attempt has ever been made, or is designed to be made, to relieve the College of this incubus. Last session a bogus motion to appoint a committee to sell was introduced by Dr. Roome, but its true inwardness became apparent when, without demur on his part, "another member of the combination," attached to it a rider making \$90,000 the minimum acceptable offer. This in the face of the fact that the mortgagee last year refused to take it for \$60,000—the face of the mortgage!

COUNCIL UNWIELDY AND EXPENSIVE.

The Council should be reduced in size. Were it, as it ought to be, a homogeneous body, elected without distinction of parties, a total membership of six or eight would amply suffice. Even if it should still have to retain its present unjust composite character, its different elements might, with advantage, be reduced by one-half. That would give us a Council of eight territorials, four University appointees, and two homeopaths, or fourteen in all. Such a Council would be quite as efficient as the present one and far less costly.

PROFESSION HAS NO REAL CONTROL OVER ITS EDUCATIONAL STANDARDS.

Owing to the unhappy want of unity that at present prevails among us, the profession has no real control over its educational standards. The experience of the past four years conclusively shows that, in that respect, we, at present, are at the mercy of the schools, which are and always have been the persistent and strenuous opponents, not only of educational advancement, but of the strict enforcement of such matriculation standards as from time to time are supposed to exist. Four years ago a step forward was taken in the Education Committee, and its previously very lax methods of interpreting the Council's matriculation requirements were sharply astringed. Forthwith the educational bodies—theretofore full of lip-loyalty to the Council—made common cause, met in conclave in Toronto, and by concerted action and *ex parte* statements to the Government procured from it promises of amendments to the Medical Act which jeopardized the very existence of the Council, and which resulted in degrading the matriculation requirements to a point quite as contemptible as those in force before

the Council was created. And it has required all the influence of the Education Committee with the Minister of Education, from that time to this, to undo the mischief then made, and to restore the matriculation standard actually to what it purported to be four years ago. There, for some time to come, it must remain, and all we can at present hope to do is to see that it is strictly and impartially applied. Until the profession attains—as eventually it must, in self-defence, attain—to such solidarity as will enable it to speak with effect to both Government and Legislature, it would be unwise to give the educational bodies another opportunity to let down the bars, or, as they prefer to term it, “clean off the slate,” *i.e.*, secure unchallenged admission, as Council matriculates, for all who may have gained an entrance into one or other of the medical schools. At the close of the Council’s last session, the “Caudal-tip” was permitted, by his associates of the Ruling Alliance, to make a motion prospectively elevating the matriculation standard. This was done for effect—was mere election powder, and, as such, was summarily and very properly frowned down.

CONTINUED REFUSAL TO PAY THE ANNUAL TAX.

Fully one third of the members of the College are still in arrears of the annual tax, and the aggregate of their arrearage is over \$7,000. The grounds on which this very large section of the electorate refuse to pay up are understood to be chiefly these :

1. That they have no effective control over the irresponsible elements of the Council by whom their money—if paid in—would be expended.
2. That the funds of the College still continue to be largely and recklessly devoted to purposes quite outside the provisions of the Medical Act.
3. That there is very grave doubt (in which the Council’s official solicitor is known to concur) touching the legality of the retroactive assessments for 1893 and 1894.
4. That the Medical Act of 1893 expressly and distinctly leaves the assessment and coercive clauses in the exclusive discretion of the elected members of the Council. Yet, notwithstanding the strong and repeated protests of various territorial representatives, the schoolmen have defiantly continued to meddle with matters, thus, by legislative enactment, taken quite outside their purview, and to further the annual assessments by their vehement and offensive interference.
5. That not only have all the by-laws levying assessments since 1894 been tainted as to their legality by this interference on the part of the appointees, but that the by-law levying the assessment for 1897

was furthermore and in a special degree vitiated by one of their number, Dr. Moore, defiantly and insolently posing as the seconder of the motion to pass it, and being accepted by the Council in that capacity.

It may be proper to remind you in this connection, that this tax is quite unnecessary to the Council, and that as soon as the constituencies which have pronounced against its continuance (now six in number) shall have increased to nine—the opponents to the tax—will form a majority of the territorial representatives in the Council. When that point is reached, in accordance with the declaration of the leader of the homeopathic element in the Council, unless he be prepared to eat his own words, we shall be able to prevent an assessment, and, so, withhold this annual incentive to extravagance, and thus compel that feasible and proper retrenchment for which we now plead in vain.

UNJUST COMPOSITION OF COUNCIL COMMITTEES.

The Legislature has given the profession a representation equal to three-fifths of the membership of the Council, and it is quite clear that this membership ratio should be rigidly respected in the composition of its committees, and especially in the composition of the more important of these, to wit, the Executive Committee and those on Education, Registration, Legislation and Finance. Of the propriety and justice of this contention there is no room for honest doubt. Yet movement looking to change in that respect has been blocked chiefly by the specious plausibilities of Dr. Williams and the other territorial ex-presidents and territorial would-be presidents of the Council. It will be well for you to examine the artful pretexts and disloyal votes given in this connection in the past, and to critically note the action of the incoming Council with regard to the composition of these committees.

REPRESENTATION OF DEFUNCT CORPORATIONS.

To continue to give Council representation to defunct institutions, and to other bodies, which no longer teach medicine or grant degrees therein, is simply an outrage on right and decency. The Universities desire to see these appointees retained in the Council because they can always be counted on for four votes against economy, against giving the profession its just weight in Council committees and against all reforms in the interest of the medical electorate. But why should any territorial men desire to see this flagrant injustice perpetuated? My friend, Dr. Williams, who is on record on this point, found himself, in the late debate thereon, between the devil and the deep sea,

and so avoided the debate and asked to be excused from voting. Drs. Roger, Bray, Roome, Brock, Taylor and McCrimmon, however, faced the music and gave a square vote in favor of burking the question, which was simply to obtain an affirmative finding on the part of the Council that, at the earliest available opportunity, legislation should be sought to eliminate these bodies from representation on the Council.

HOW AND WHEN ARE THESE REFORMS TO BE OBTAINED?

Several of these reforms—though eminently desirable from a professional point of view—are not perhaps attainable in or through the Council, and will only come within our easy reach through another channel, when a healthier public opinion becomes developed in the medical electorate. That time may be near or distant, according to the march of events. Near, if the trend of events serves to convince the great body of practitioners in the Province that they are or ought to be bound together by community of interests and fellowship; distant, if medical men, in any large number, continue to indulge in Toronto aspirations, or to be pulled by strings held in the educational centres, or to be inspired or directed by those who are thus pulled, or remain content to take, at their face value, the opinions and arguments and lucubrations written with intent, by the editors of medical journals created and run in the special interests of Medical School corporations.

Yours truly,

Port Perry, Oct. 5th, 1898.

JOHN H. SANGSTER.

THE PASSING OF THE GERMAN SCIENTIST.—It is astonishing to the American that German medical men of world-wide reputation as investigators can throw stones at the American character with their right hands, while putting their left hands behind their backs to receive the unjustified profits from the American patents on their discoveries, and yet maintain a reputation for honor. It is a pleasure to reflect that no American physician of any reputation has ever so debased himself, and further that American medical ethics, with all its admitted shortcomings, has never yet descended to the German plane. How long in America would Behring be a leader of medicine after he had publicly patented, for the benefit of his own pocket, the results of the labors of Pasteur, Roux, Fraenkel, Kitasato, Aronson, Tizzoni, Ehrlich, and many others? Not very long certainly.—*Cleveland Journal of Medicine.*

Book Notices.

Orthopædic Surgery. By JAMES G. MOORE, M.D., Professor of Orthopædia and Clinical Surgery in the College of the University of Minnesota ; Surgeon to St. Barnabas' Hospital, and Consulting Surgeon to St. Mary's Hospital and to the City Hospital, Minneapolis. With 177 illustrations. Philadelphia : W. B. Sanders ; Toronto : The Publishers' Syndicate, 88 Yonge Street.

The paper, type, illustrations and binding are first-class. In all these respects the work does credit to the well-known publisher.

It would be quite impossible to do justice to so excellent a work in the short space at our disposal. We can, however, in the most confident manner recommend the work to our readers.

The author is very cautious to avoid recommending operations or treatment of a doubtful nature. For example, forced extension of the spine in Potts' Disease is not given a place in the work.

The portions of the work dealing with operative procedures are full, clear and reliable. The methods of operation are in accordance with the latest teachings.

The work would prove an excellent addition to any library.

Diseases of Women : A Treatise on the Principles and Practice of Gynæcology for Students and Practitioners. By E. C. Dudley, A.M., M.D., Professor of Gynæcology Northwestern University Medical School ; Gynæcologist to St. Luke's Hospital, Chicago, etc. Philadelphia : Lea Brothers & Co. ; Toronto : The Publishers' Syndicate, 88 Yonge Street.

The author has undertaken the difficult task of setting forth his views upon the subject of gynæcology in 637 pages, aided by 422 illustrations. Of these illustrations, forty-two are in colors. The plan adopted by the author of portraying the skin, mucous membrane and peritoneum in different colors is a very excellent one, and assists the printed descriptions very much.

The subjects discussed in this volume are ranged under the headings : (1) General Principles ; (2) Inflammations ; (3) Tubal Pregnancy, Tumors, Malformations ; (4) Traumatisms ; (5) Displacements. At the end of the work there is a good chapter on the use of pelvic massage.

In examining this work, it becomes clear that the author has taken great pains to bring his descriptions of operations, instruments and

treatment thoroughly up to date. The most recent works and articles are placed under tribute.

On all topics the author has taken much care to have his own mind clearly made up as to what course he intends to recommend. There is thus no halting between two opinions.

Throughout the work there is a marked and wholesome tendency to conservatism. An effort is made to curtail meddlesome treatment in the form of local applications, and to dispose of many of these cases by resorting to general internal medical treatment.

The work as a whole is a safe guide. It contains much more than its size would lead one to expect. The matter is well condensed. The book is a handsome one.

Selections.

Surgical Hints.

IN cases or suppurative trouble in which a wet dressing is indicated, the mistake is often made of making the dressing too scanty. The more copious the dressing the better the result.

A LIGATURE placed for the arrest of hemorrhage can hardly be drawn too tightly, but when its purpose is to approximate surfaces, and especially skin, we must remember that after simple coaptation is effected, we can do nothing but injury in using any greater degree of tension.

Do not be too much afraid of scaring your patient. Don't hesitate to tell them the truth. If an operation is needed, what is the use of running the risk of delay through giving the patient a false sense of security. Tell him or her just what he suffers from, and why an operation is imperative. Only those whom our art is unable to help should be lulled to their last sleep by quieting their minds and withholding from them the exact nature of their disease.

In resorting to operative intervention in cases of epilepsy never promise a permanent cure. Epileptics are often favorably influenced by any departure from the established line of treatment; even the application of a blister to the spine may cause a marked amelioration in the number and severity of the attacks. Hence, while the immediate results of intracranial operations may be highly satisfactory, a long time must be allowed to elapse before we can speak of a definite recovery.—*International Journal of Surgery.*

TRIONAL IN WHOOPING-COUGH.—Dr. Busdraghi says that trional is much superior to belladonna in the treatment of pertussis. In doses of from $1\frac{1}{2}$ to eight grains—according to the age of the child—it produces a quiet and deep sleep, only occasionally interrupted by a fit of coughing. In conjunction with the trional, he paints the pharynx with a 1 per cent. solution of carbolic acid (containing also a small amount of glycerin and alcohol.)—*Am. Medico-Surgical Bulletin*.

MINERAL CONSTITUENTS OF THE TUBERCLE BACILLUS.—By Drs. Schweinitz and Dorset (*Centbl. f. Bakt.*). The authors add to their previous studies, which showed that tubercle bacilli contained from 2 to 4 per cent. of ash, some chemical analyses of this ash. The results show that the ash of these bacilli contains a very large amount of phosphoric acid, 55 per cent. Compared with other bacilli, of which not so very many have been examined, the phosphorus content of Koch's bacillus is extremely high. The practical suggestion to be drawn is, that tuberculosis rapidly exhausts the phosphorus from the medium upon which it is grown, and it seems reasonable to suppose that the administration of phosphoric acid in phthisis is a rational therapeutic measure.—*Post-Graduate*.

ALTERATIONS OF TASTE AND SMELL IN TABES.—Klippel has made a study of the various alterations in the senses of smell and taste as they occur in tabes dorsalis (*Arch. de Neurologie*, 1898, and *Journ. de Méd.*, April 10th, 1898). Contrary to the general idea that these symptoms are rare, the author finds that they are of common occurrence in cases of this disease, and may manifest themselves at a very early date; in regard to this they correspond to the other sensory symptoms, such as numbness, paræsthesia, and pains. At the same time the author has noticed the late occurrence of these symptoms in several cases. In these circumstances anosmia agustia are observed, and as by this time the patient has, as a rule, many other symptoms to absorb his attention, complete loss of smell may go unnoticed. Both these symptoms may appear suddenly and in association with bulbar symptoms. In other instances smell and taste merely show perversion and in an intermittent form, thus resembling crises. There may be for a day or so at a time peculiar earthy, metallic, or bitter taste sensations appearing independently of meals, and lasting for about ten minutes or a quarter of an hour. In the same manner patients may complain of sour smells and odors of stale fish, vomited matter, etc.—*British Medical Journal*.

Miscellaneous.

KINDLY send in amount of subscription due.

EXPERIENCE has shown that the use of solution of bichloride of mercury or of carbolic acid for irrigation of the peritoneal cavity must now be unhesitatingly condemned, not only on account of the local necrotic effects which are produced, but also because of the more or less grave symptoms of general intoxication which have been time and again observed.—*Hunter Robb*.

SANMETTO RELIEVES QUICKLY IN PROSTATIC TROUBLES.—To say that Sanmetto does all that can be reasonably expected of it, in all troubles of the genito-urinary organs, is not an adequate description of its therapeutic value. For it aids in any congestion more or less, and is therefore an invaluable remedy for all congestions, especially of the prostate gland, affording relief quickly.

Drake, Mo.

H. A. GROSS, M.D.,

1858—Med. Dept. Washington Univ.

(St. Louis Med. Col.) St. Louis, Mo.

SEVERAL prominent insurance companies (says the *Medical Herald*) refuse to consider an application from a "graduate" of a Keeley cure, no matter how good a risk otherwise the man may seem, or how little of an inebriate he may have been. The reason given is that persons who have undergone this "treatment" are prone to premature death, due, supposedly, to the severe drugs used.—*Medical Sentinel*.

DR. W. E. HAMILL, who for some years has efficiently conducted a medical brokerage business under the name of the Canadian Medical Practice and Partnership Office, has changed the name to that of the Canadian Medical Exchange Office. The doctor wishes to state that he always has from fifteen to thirty registered buyers ready to investigate any offer made and purchase the same if it suits them. Every prospective buyer is bound in writing as to secrecy and honorable dealings and to not offer opposition if they do not buy. Every safeguard possible is thrown about the vendor to prevent any piracy whatever, and physicians who contemplate selling out would consult their own interests by using his office to consummate a sale in the quickest and quietest way possible.



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LITERATURE UPON APPLICATION.

Lambert Pharmacal Company, St. Louis.

MEDICAL BARBARISMS.—The following suggestion with regard to the not infrequent misuse of the word "case," is taken from the *Philadelphia Medical Journal*: "According to the dictionaries and common usage, a 'case' is the instance or history of a disease, the series of symptoms, circumstances and treatment constituting the special occurrence of a disease. Plainly and undoubtedly therefore the 'case' is very different from the 'patient.' And yet in every page of medical writings one sees an utter disregard of the distinction, a usage not only inelegant and incorrect, but often misleading and ludicrous. How in the world can a case 'be taken ill,' 'put to bed,' 'have a fever,' or 'die'? The patient may thus be spoken of, but it is absurd to speak of the case having a pulse-rate or temperature, of being comatose or delirious, dead or posted. 'A case' thus reported is quite likely to suffer cremation."

THE SENSIBLE TREATMENT OF LA GRIPPE AND ITS WINTER SEQUELÆ.—The following suggestions for the treatment of La Grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a five-grain Antikamnia Tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten-grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing $2\frac{1}{2}$ grains Antikamnia and $2\frac{1}{2}$ grains Quinine. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, editor of *The Southern Clinic*, has found much benefit to result from five-grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep-seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

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THE ALERT PRESCRIBER.—A man in the car was telling how good his doctor was. "Clever?" asked he, "well, I should say he was. The other day I called him in when I had swallowed five cents. He said if the coin was not counterfeit it would pass, and made me cough up two dollars."—*Medical Record*.

THE FINEST PRICE LIST EVER PRINTED ON CANADIAN SOIL.—We are not fond of adjectives in the superlative form, but we cannot deny that the highest praise is merited by the last edition of Parke, Davis & Co.'s priced catalogue. It was prepared in Canada, printed in Canada, and embodies an array of nearly five thousand preparations, every one of which is manufactured at the Walkerville laboratory of this great house. Not alone does this list set forth formulæ and prices of each item in the twenty-nine extensive lines manufactured by Parke, Davis & Co., but it also contains in convenient form a vast fund of information which makes it permanently valuable for purposes of reference. Thirty-five pages are devoted to a most useful "property and dose list" of drugs from which Parke, Davis & Co. manufacture a fluid, solid or powdered extract or concentration. Every paragraph in the eighteen pages of "Notes of Reference" is a valuable nugget of information. The list is compactly and handsomely printed and is sent without charge to every physician who asks for a copy. Do not fail to write for one of these catalogues, and when you get it, keep it within easy reach, for it will answer a thousand questions relating to drugs, their uses, doses, prices and pharmaceutical preparations. A marvellous growth has been the happy and merited lot of this famous house, and it is pleasant to feel and know that the wonderful increase of its trade in the Dominion, in the States and in every other civilized country is due, not to printer's ink, but wholly to the honorable character of its management, to its scientific activity, to the transparently conscientious spirit which prevails in every department of its immense laboratories, to its generous treatment of every patron, and to its urbane and courteous correspondence. Parke, Davis & Co. has done vastly more than win success—they have richly deserved it, and no one need grudge them a single one of the triumphs which the future holds yet in store for them. The Walkerville Branch of Parke, Davis & Co. is keeping even pace with the growth of the parent-house, and deserves warm commendation for the scientific work on which this catalogue throws such a significant light.

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CIRCULAR ON APPLICATION.

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DR. NORMAN KERR, of London, denies the statement that is often heard that "doctors' orders" are a frequent cause of inebriety. He has studied the subject, and is able to trace such a cause in not more than one-half of one per cent.

TUBERCULOSIS AND ITS TREATMENT BY THE LATER METHODS.—*The Journal of the American Medical Association*, July 23rd, 1898, presents a report of A. G. Deardorff, M.D., San Francisco, made to the annual meeting of the American Medical Association at Denver; of twelve cases of tuberculosis treated by serum made by Paquin of St. Louis, with four cases in first stage recovered, in second stage two greatly improved, one well in the third stage and several benefited. In conjunction with serum Dr. Deardorff advises tonics, codliver oil, antiseptics sprayed in the throat and lungs, of Boro-luptol, listerin, etc. When pus exists in the sputum he uses the Anti-Streptococcus serum alternately with the Anti-Tubercle.

ICHABOD.—"The glory is departed." No more melancholy spectacle has been presented in these days of degeneracy than that of Professor Behring, whose name should have been enrolled high on the list of benefactors of his race, voluntarily foregoing every claim to the gratitude of mankind by demanding payment in cash. Nor does he stop there; he permits himself, through the agency of a commercial house, to be placed in the attitude of an enemy to human welfare, by threatening with prosecution for damages whoever in this country shall make, sell, or use diphtheria-antitoxin not made or licensed by him; his claim for a patent having been, after numerous rejections, allowed by the United States authorities.—*Philadelphia Polyclinic*.

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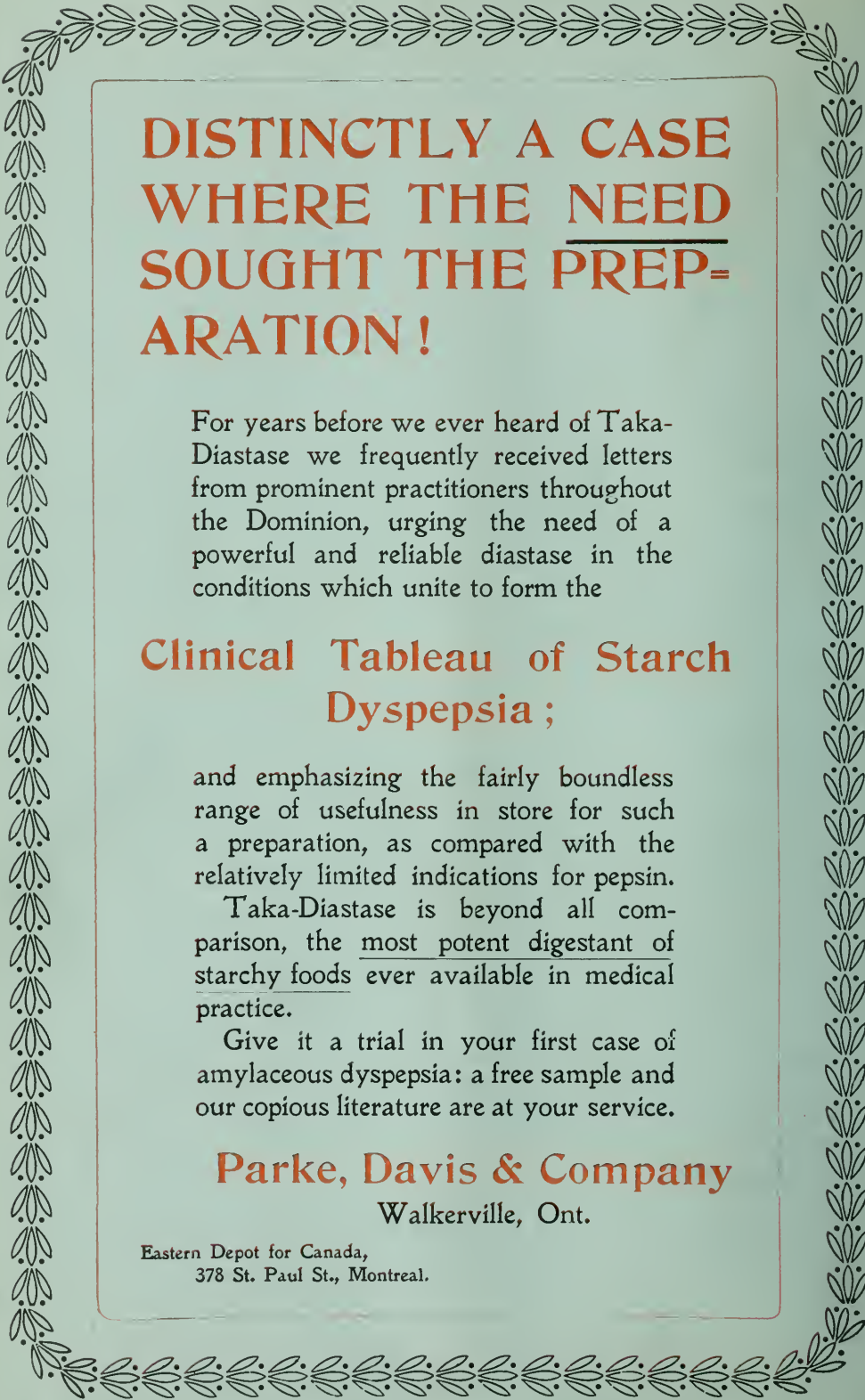
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Vol. VIII.

NOVEMBER, 1898.

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Original Communications.

Salpingo-Oophorectomy for Uterine Fibroids.*

(Remarks on the Limitation of this Mode of Treatment.)

By ALBERT A. MACDONALD, M.D., Toronto.

UTERINE fibroids or fibro-myomata of the uterus contain various proportions of fibrous and muscular structures. Rapidity of growth and density of structure depend upon various causes, age having the greatest influence. The largest number of cases occur between thirty and fifty, and most of these are of the hard nodular variety; the smaller proportion occurring between twenty and thirty, the majority of which are of the soft cedematous variety. Only a small number of cases occur in women over fifty years of age.

Though non-malignant in character, malignant disease may be associated with fibro-myomatous disease of the uterus. It was the practice to describe the cases as being sub-serous, interstitial or sub-mucous, but, as a matter of fact, most cases are interstitial at first and take on the characteristics of one or the other divisions, as they

*Read by title at the June meeting of the Ontario Medical Association.

approach nearer the serous or mucous surfaces. They may attain any size from the smallest nodule to many pounds (195 the largest on record), and they may be the seat of any form of degeneration. They may arise from any part of the uterus, though the body of the organ is the most frequent site. Adhesions are met with in the larger tumors, and sometimes cause great trouble during their removal.

Rapidity of growth is marked in some of the cases, whilst in others the growth and symptoms are both slow and unimportant. In one case (the patient's age fifty-two), where I removed the growth by hysterectomy, there was a history of the tumor having been recognized eighteen years before, and during most of that time very little trouble had been felt, but at last rapid growth, pain and pressure symptoms incapacitated the patient, and she obtained relief by submitting to radical surgical measures, and is now well. Pain is severe in some of the cases, and perhaps it is well that it is so, for these are the ones that seek early relief at the hands of the surgeon.

Pressure symptoms occur when the growth becomes large enough to obstruct the flow of blood to other organs, or to interfere with the functions of bladder, ureters, kidneys, bowels, etc., but of all the symptoms, repeated hemorrhages are the ones that give rise to the most serious condition, for by these the patient is reduced in health and strength and rendered unfit for her life-work or for operation. The occurrence of the menopause may retard the growth of the tumor, and produce a favorable influence upon the course of the disease, but not always, and indeed in these cases the advent of the "change of life" is usually postponed. Waiting for the menopause to arrive is slow and unsatisfactory. Skene Keith in his work on abdominal surgery (1894), fol. 530, says that: "The operation of removal of the ovaries for the purpose of bringing about an artificial menopause, and in this way curing the symptoms caused by the presence of a uterine fibroid, was first performed by Dr. Trenholm, of Montreal." However glad we might be to give all credit to our countryman, we cannot but recognize the fact that it was Lawson Tait who insisted upon the necessity of removing not only the ovaries, but also the tubes, the latter of which he tied off as close to the corona of the uterus as possible.

At first it was thought that the ovaries controlled menstruation, and that their removal would stop the flow; now it is known that though ovulation and menstruation are closely associated, they are not dependent one upon the other, and that menstruation may occur, though the ovaries have been removed, and that in order to procure the best results, the tubes must be tied off close up to the uterus, so as to cut

off not only the blood supply through the ovarian arteries, but also the nerve supply as well.

My own cases of salpingo-oöphorectomy have not been sufficiently numerous to be of much statistical value, but still, as years have passed, I have taken the trouble to find out the conditions of the patients subsequent to operation, and I must say that they are satisfactory.

Even now the subject of electricity in the treatment of this condition is not left alone, so that one may refer to it, and in passing I can say that it is a very tedious process, and in my experience it is of little avail. Of the many cases I treated faithfully by the Apostoli method, there was but one in which a satisfactory result followed, whilst in many others we had at last, after months of tedious treatment, to come to the knife in the end. One such case marked itself indelibly upon my mind.

In 1895, Mrs. H., æt. forty-two, came from a distance. Though naturally strong, she was blanched by repeated hæmorrhages. After patient trial by electricity, I failed to stop the flow.

Removal of the tubes and ovaries caused rapid decrease in the size of the tumor, and restored her to health and strength, so that she has been and now is able to undertake the active duties devolving upon the mother of a large family, not having had any trouble since the operation.

The abdomen should never be opened by a surgeon who is not prepared in every way to go on and do, at once without any delay, whatever is best for the patient, and no patient should submit to operation without having full confidence in the skill and judgment of the surgeon. Salpingo-oöphorectomy, for the relief of fibroid tumors, has a limited field of usefulness, and it is as much by the selection of the appropriate case to operate upon, as in the operation itself, that the best results are obtained.

The large soft tumors, fibrocystic growths, submucous or subserous tumors with broad base, the tetangiectic varieties, and others of like kind, should be dealt with in other ways, as serious degenerative changes are apt to follow castration.

The interstitial fibro-myomata of medium size, which produce hæmorrhage, but no other serious symptoms, are the ones which should be chosen for treatment by salpingo-oöphorectomy, as the danger is reduced to a minimum, and the results are, as a rule, all that one could desire.

I would wish it to be fully understood that I lay great stress upon the necessity of this careful selection of suitable cases for this mode of treatment, being well aware of the opposition to it which is held by

some most excellent men of the day, who advocate, rather, the removal of the uterus, leaving the ovaries intact, unless they are the seat of positive disease. Now, if we could all obtain results in our hysterectomies such as are published by Jacobs, Richelot, etc., we might prefer to remove the uterus in every case.

"Far-off fields look green," and unless the results in hysterectomy, obtained by the average operator, improve, I will feel safe in advocating the less formidable operation, with its proper limitation as to suitable cases.

The abdominal incision, two or three inches in length, in the middle line, is the best. Care must be taken to tie off the pedicles as near to the uterus as possible, in order to obtain the best results.

A sanguineous discharge comes on in most cases in from twelve to twenty-four hours after the operation. It lasts but a few days and usually requires no special treatment. Diminution in the size of the tumor is well marked in a short time, and in my experience the ultimate results in appropriate cases have been most favorable.

May 30, 1898.

180 SIMCOE STREET.

A NEW REMEDY FOR INTESTINAL CATARRHS.—In the treatment of diarrhoeal affections the use of drugs which will constrict the inflamed intestinal mucous membrane, thus subduing congestion and arresting profuse abnormal secretions, is frequently demanded. Up to recent times, however, the intestinal astringents suggested for this purpose have had the serious defect of being more or less decomposed in the stomach, and of giving rise to digestive disturbances. Owing to the decomposition of these drugs in the upper part of the gastrointestinal tract, their action upon the lower part of the intestinal canal was, therefore, much weakened, and this accounts for much of the disappointment experienced from their use. This objectionable feature is completely absent from a new class of intestinal astringents of which Tannopine is a prominent representative. Tannopine is a compound of tannin with hexamethylenetetramin, which passed unaltered through the stomach, but gradually liberates its astringent constituent in its passage along the intestinal canal, so that even the lowermost part is subjected to its influence. Schreiber, who has thoroughly tested it in the medical clinic of Goettingen, recommends it highly in acute and chronic intestinal catarrhs, diarrhoea of typhoid fever, and intestinal tuberculosis. The dose for adults is ten to fifteen grains, and for children three to eight grains, four times daily.—*Atlantic Medical Weekly*, July 23rd, 1898.

Selected Article.

Medicine in the Nineteenth Century.*

By THOMAS CLIFFORD ALLBUTT, M.A., M.D., LL.D., F.R.C.P.,
F.R.S., F.L.S., F.S.A.

Regius Professor of Medicine in the University of Cambridge, England, etc., etc.

DR. ALLBUTT opened his address by reviewing the history of medicine from the earliest times, showing the manner of investigation and the method of arriving at the diagnosis. He reviewed briefly the experimental and the dialectic methods, and, in discussing the inductive method, he said that it consisted of two processes at least—one of observation, and the other of imagination. Then, coming down to the present time, he continued his address by saying :

“It would now seem that even in medicine the experimental method, which seemed forbidden to her, is making its way after all. If pathology never can become a science of direct experiment in the sense that physiology is so, it makes use of it as a second line of advance. If we cannot produce a pneumonia, we can study the results of cutting a nerve. In physiology the number of variables is embarrassing, yet in medicine it is far greater. No two cases of a disease are alike; temperament, race, season, circumstances—all variables—conspire to modify cases and inferences. It will always, indeed, be impossible in any branch of the biological sciences to isolate conditions and to repeat them as in chemistry and physics. Yet, as I have said, an approximation to such means is manifested in the bacteriological laboratory, where pure cultures are separated, their toxins tested in proportion to body weight, antitoxines calculated, and immunities predicted.

It would seem to be, in the study of immunities, that the physician will first attain the reward of scientific research in prediction. A science which cannot predict quantitatively is in an inchoate stage. Multiplication of corpuscles, like the increase of cell growth in a hypertrophied heart or kidney, is but a case of compensation—a measure of resistance to disturbance.

Whether we regard it from the static or the dynamic point of view, the conception of the *vis medicatrix naturae* gains newer force every

*Abstract of address delivered at the opening of the Johns Hopkins Medical School, October 17, 1898.

day. Our blood and other corpuscles are microbes, their serums are factors in natural processes, and are regarded as healthy or unhealthy as they happen to be convenient or inconvenient at the moment of observation. Glands, such as the liver and kidney, are aggregations of microbes specialized for particular functions, and generate juices which are factors of nutrition, and not only of negative, but, as we have learned so well in respect of the thyroid, of positive influence in the balance of its manifold processes.

From experiment and observation we find that this reserve energy of the body in its various parts is enormous. How large is the view of the province of therapeutics thus presented to us we may see in the rapid advance of what I may call physiological remedies. As hygiene is to the state of health, so is physiological medicine to that of disease. By physiological medicine I mean the use of the ordinary functions of the body in counteraction of contingent or inherent perils.

It is a common, but I think a shallow reproach to modern medicine, that, with all the advance of our knowledge of pathology, therapeutics stands where it did in the time of our fathers, or has even fallen back, in so far as a certain sceptical distrust of empirical remedies has discouraged the continued use of remedies which the wisdom of our fathers has discovered by practice and observation. It is said that we will not use the most respectable of traditional remedies unless we have some notion of its mode of operation. It is possible that the invaluable work which a scientific scepticism has done for us, not in therapeutics only, has been attended by some destructive effects which are to be regretted. I think, however, it would be difficult to bring forward many instances of the kind in our own case; while, on the other hand, the pruning and clarifying which our practice has undergone, far outweigh any such temporary disablements. The truth is, that the cry itself is a shallow one. I will not stay to assert that modern surgery, the brilliant progress of which is in all our mouths, is progress in therapeutics, the division between surgery and medicine being a division of convenience, a division to which a mere practical and temporary usefulness only is to be attributed. Are we to forget, for instance, how the prognosis of peritonitis, of obstruction of the bowels, of pleuritic effusions, of encephalic tumors, of perityphlitis, of pelvic diseases, of ovarian ascites, etc.—a prognosis in troops of cases turned from sadness to hope—is not to be called progress in therapeutics because not infrequently the method is carried out by the skill of another hand? It might as well be asserted that the modern scheme of feeding in fevers, because it is carried out by trained nurses, is no therapeutical progress. Nor will

I admit, even in the sphere of drug therapeutics, that our progress is contemptible.

When we regard the additions made to our hypnotics, the discovery of the value of the nitrites, of the bromides, of arsenic in pernicious anæmia, of the salicylates, of the antipyretic, hypnotic and analgesic group, of the antiseptic treatment of diseases of the skin, of the anti-toxic treatment of diphtheria, of the thyroid treatment of myxedema, or when, again, we realize the greater precision of our use of the older empirical remedies, as of digitalis, in the preciser administration of remedies in syphilis, in the injection of alcohol and ether, of apomorphine, of ergotine, of strychnine, of hyoscine, of cyanide of mercury; when, once again, we think how much more accurately we discriminate our means in the treatment of phthisis, of dyspepsia, of fevers, of palsies, central or peripheral, we may confidently take encouragement and meet those adversaries in the gate who say that therapeutics has made no considerable progress. At the same time we may well take to heart the lesson which such criticism may teach us. While we have learned that empirical knowledge, although a power against ignorance, is of less avail against the more ordered and living knowledge of a maturer science, on the other hand, for this very reason, we are now, perhaps, apt to despise unduly the traditional remedies which rest their claims to usefulness more on empirical than on reasonable grounds. For in the use and practice of all methods we must remember that medicine is an art; that it is something more than an applied science.

Our art has always been, and probably long must be, in advance of scientific direction and explanation. Moreover, as in all arts, more than knowledge is needed, namely, common sense, rapid and firm decision and resourcefulness—faculties by no means resting upon intellectual conceptions, but on a certain virility of character not to be got from books. It is no uncommon experience to see physicians of high intellectual subtlety, of great learning and of pretty wit, lose themselves in the practice and even in the exposition of their profession, because in them the critical faculty exceeds the practical. Indiscriminate doubt, however valuable an attitude of mind in the laboratory, is mischievous in the field of action where a keen determination to make the best of imperfect instruments, to use any accredited means rather than none, should be the dominating impulses—impulses which enlist also on the side of the physician the hope and animal spirits of the patient; for, after all, the practice of medicine contains no small element of "suggestion." Furthermore, the fastidious spirit, which I have endeavored to indicate, is, on the

whole, opposed to progress, as, even in thought, it lends itself too readily to irresolution, and irresolution is the quick way to indolence. On the other hand, I need not warn you that practice without continual scientific re-edification soon degenerates into stereotyped and sterile routine.

Once more, when we are twitted with the discovery of manifold new diseases, without the discovery of any means of dealing with them, we may reply that not only are we discovering the course and ends of these destructions, not only are we discriminating between this series of symptoms of dissolution and that, but we are engaged, as I will remind you again, in the study of origins. We are no longer satisfied to contemplate the wreckage of disease, but we are earnestly hunting out the processes in which such and such deviations from health took their being.

The study of origins, then, is not only the new method of modern criticism, of modern history, of modern anthropology, of our reading of the evolution of the universe itself from elements which even themselves are falling under the same analytical inquiry, but the study of origins is leading to a revolution in our conception of therapeutics, as of all these other studies ; a revolution which as yet we have not fully understood. This revolutionary conception is that death is not to be driven away by the apothecary, not by any cunning compilation of drugs, but is to be prevented by the subtler strategy, which consists in knowing all the moves of the game. Few and simple are the diseases which can be expelled by leechcraft, as we expel a worm. The medicine of the future will consist in setting our wits to nature, in recognizing that when evils have befallen us there is no counsel, and that in the simple beginning of things are the time and place to detect where stealthy nature, atom by atom, builds and unbuilds, feeds us or poisons us. To disentangle the clue we shall not pull at it anyhow ; we shall anxiously seek the beginning of it, thence to unravel its windings.

There is an old saw, that nature takes as much trouble to make a beggar as a king. She does not make diseases to sit so loosely that they can be expelled by violence or bound by a charm. Much of curative medicine, in the vulgar sense, will thus be swallowed up in preventive medicine. We shall not wait until we are half dead before we take in hand our disorders ; abnormal processes, not their results only, will be our fruitful study.

Another feature of modern therapeutics is the use of nature against herself. We learn, as I have said, to play the game. We are not content to sleep at our posts till we must fight desperately against a check-

mate, but we keep in touch with the enemy all through, and use the same means. Thus, by the side of preventive medicine, we learn that hygiene, in its largest sense, is also to be our guide. Instead of trusting to prescriptions for alleged specifics, which have no little kinship with magic and antidotes, we ally ourselves with nature's own forces. For example, if we cannot prevent infantile palsy, which soon, perhaps, we may do, we shall attempt its cure, not by idle drugs, but by strengthening the physiological factors of life; by the use of massage, electricity, warmth, etc. As we farther discover the physiological factors of life, we learn to supplement the failing juices of a gland from other sources in the economy; by learning the distribution of heat in the body, we find that fever can be controlled by conduction of heat by cold baths and otherwise; by a better knowledge of the mechanics of the circulation, we arm ourselves with means for regulating its currents by baths and gymnastics and the like. Even in the sphere of drugs themselves we are, year by year, deposing this drug, and that from the place of specifics, as in the case of quinine, and putting them in the ranks of preventive agents, and, with respect to others, we are carrying our study of origins into their qualities, as well as into the healthy or morbid processes over which they have power. The relation of atomic weight to physiological effect, the experiments by which, on slight substitution of one molecule for another, we convert compounds from one kind into another and widely diverse kind, from convulsants, for example, into narcotic or paralyzing agents, we throw light not only on their own properties, but also on the secret processes of the animal body itself. I will not stay to illustrate in the same way the parallels between the members of different series, nor the advances, of late the least active, by the way, of physiological chemistry, and of chemotaxis, and of the study of the behavior of serums and the like within the more comprehensible range of the test tube. Such considerations impress us again and again with the importance of the union of practical and laboratory or theoretical work in the same person and in the same schools. No observer who has not made medicine more or less a practical study can be as well equipped as otherwise he could be to investigate such subjects as these.

The modern hospital must be the modern laboratory of medicine. As in the sixteenth century the great laboratories of anatomy sprang into existence, in the seventeenth the laboratories of physics, in the nineteenth the chemical (Liebig), the physiological (Ludwig), the chemico-physiological (Hoppe-Seyler), the pathological (Virchow), the hygienic (Pettenkofer), so the clinical laboratories initiated but the

other day in Germany by v. Ziemssen, Curschmann, and in the United States by Pepper, are the factories out of which the new medicine is to come—the medicine which, penetrating into the intimate processes of nature, learns to turn nature to her own correction. The clinical laboratory is to be the scene of the study of the origins of disease.

What are the aids and dangers of "specialism" in these advances? Against this tendency in modern studies and practice an outcry has been raised which, if a little unintelligent in its way of expression, has not been without justification. In advancing civilization the applications of thought, as well as those of labor, must be divided and subdivided. The activities of the mind are at least as multiform as those of the traveller in the world, and it is impossible for all explorers to follow each other over all ways. As pioneers increase in number and in adventure the more are they divided from each other, the more difficult is it for each to make himself master, even by report, of the work of all. This general law is as true for medical inquiry and for medical practice as for electricians or naval engineers. Not only so, but we may say that, in the sciences, men are not travelling over one world only, but over many. If within each world of mathematics, physics, chemistry, etc., explorers separate and travel out of sight of each other, what shall be said of the remoteness of explorers in these several worlds! Yet these several worlds of the sciences are not as Mars to us, but as the various kingdoms of the earth. What goes on in each is of the utmost importance to all, and as civilization advances becomes not of less importance, but of more and more. Herein lies the justification of what I have called the outcry against specialism. The protestants have perceived this interrelation of all knowledge, and they have foreseen both the narrowness of spirit and the lameness of practice which must come of such a disintegration of parts of such an isolation of efforts. Nay, they may not improperly conceive that a less amount of knowledge, duly systematized, may be of more value in affairs and in philosophy than more knowledge in scattered parcels. If the outcry has been somewhat unintelligent, this has been not in the perception of the kind of injury to learning. This is to be credited to them as a virtue. But in the want of perception that some division of labor is inevitable, the protestants have seemed to care less for the advance than for the system of learning, and, indeed, to have set practice in some antagonism to learning.

We shall henceforth perceive, I trust, that this new movement comes from the deeps; that it is not by withstanding the very conditions of modern progress that we shall secure its balance, its concert and its sanity. Happily, evolution will be found still to consist not in

differentiation only, but also in integration. As labor is divided, an organization of knowledge must proceed step by step with the division. Specialism will have its disadvantages, as all exclusive aspects of things have them. In practice, specialism will have its charlatanry, as omniscience has had it. It is only by the increase of discernment and education in society at large that the genuine and humble children of nature will be known, and it is by progress in its best sense that such discernment and education are to be extended. I do not hesitate to say that even within my own lifetime these qualities in the relation of society towards our profession have not only increased, but have waxed abundantly, and this is a medium formed in which the remoteness and alienation of specialized workers finds a corrective. The worker in all subjects, even in the larger operations of ordinary trade, learns that he, too, must think of the whole, as well as of parts and details. Even money cannot everywhere be broken up into small change; commerce can no longer be a piecemeal affair. In the tradesman, indeed, is engendered a mind in favor of breadth of view, and even in the man in the street is begotten a hazy notion that there cannot be, as in ancient Egypt, a physician for every part of the body. There is no mean in nature but nature makes that mean; if these qualities of intellectual concert, of scientific formation of mind, of breadth and sagacity are needed, they will be found, and the way to them will be found also. Indeed such conceptions of education are gaining apace on the general mind, though their full bearing is not yet understood. It is this very breadth of mind which is aimed at by educational reformers, by those who prize education before mere acquisition, who assert that, with the greater complexity and definiteness of knowledge, associations of workers and certain harmonies in their results must be brought about.

Those, then, who resent the specialization of science, as of other fields of human work, although they are wrong in their way of opposition, have hold, nevertheless, of an important truth, and they agree with the Thracian King Zamolxis, who was also a god. Zamolxis observed that "as you ought not to attempt to cure the body without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul," and this, he said, is "the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also, for the part can never be well unless the whole be well." (Charmides.) Although then we cannot hope that every physician shall be a man of science, we may secure that he shall have the scientific habit of mind, for thus, as we have seen, he will be habituated

to lay out his knowledge systematically, to trace phenomena to their sources, and to see his own facts in their due relation to other facts. This is the philosophical temper which cannot be learned from books and rarely without tradition and converse with gifted men.

Some disciples are more apt to receive this grace than others ; some men, many learned specialists, are incapable of wise scientific judgment ; no examination can test it ; no memory can secure it ; it is in part a product of time, which accepts what is good and rejects that which is transitory. It is to be assimilated from organs of knowledge, such as universities, and not from mere polytechnic institutions. It is the highest reward of the teaching from a living source, for, as Professor Butcher says, "The test of life is to impart life."

Too many students pass through their schools without an awakening of their minds. They believe their superficial knowledge to be exhaustive, and they become the mouthpieces of ready-made opinions.

I should be an ill bird were I to say anything to-day in depreciation of the value of lectures of my own wares. In bygone times I have said much in depreciation of them, urging that they are survivals of a time when books were scarce and dear, and when knowledge was looked upon as spoonmeat. I have helped forward the cry that the laboratory must be the future living source of knowledge and of inspiration. While men were blind to this new truth it was necessary to urge it to the hindrance of other needs which men were not likely to forget. Now that the battle is won, and the laboratory is everywhere with us, we may turn again to consider what there is in older methods which we would not willingly lose. In lectures we may still find the virtues which flow from living converse with thoughtful men who have been over the field of our studies before us, who can show us how their minds worked, how they systematize their knowledge, how they came to see it in the light of other researches, how they inspired it with human interest. For such ends as this we must have no mere retail dealer in knowledge for our lecturer. In all the universities it is now recognized that, except for tutorial work, the lecturer to beginners must be the leader in his faculty. He it is who can give the true first set to the thoughts of young men who are entering into the subject of their lives ; older men and advanced work may well be undertaken by demonstrators.

Thus far I have considered specialism and breadth in respect of the education in our profession, but a larger problem lies before us, namely, that wider culture which lies beyond the confines of all professions. One of the difficult conditions of our own generation is the urgent pressure on young men and boys by reformers and anxious

parents who desire, not unreasonably, to mould their sons into money-making machines at as early a date as possible. When I took my degree at Cambridge our course was, in the first place, to take an Arts degree, at that time only to be had in the Arts. Thereafter came the Natural Science studies, with their tripos, and after that again the Clinical studies proper to our professional life. This course occupied us up to the age of twenty-five, at least, and in some respects it was a far better education than we now bestow. Now, from the first hour of the medical student's arrival in Cambridge he is too often turned at once into the narrower channel of his special calling, and he even tries to pick up a precarious instruction in clinical work while he is ostensibly at work on the preliminary sciences. Nay, such is the pressure of the times, parents and teachers are getting impatient even with this rate of speed, and are insisting that even at school time is wasted in classical and other broader studies which might be utilized for science, and that men should come up to the university ready to "specialize" farther still. Among other strong arguments in favor of this reform is this—That whoso means to practice surgery should acquire manual dexterity, and that this advantage cannot be acquired by the ordinary man unless he begin to educate his plastic fingers in early youth. This argument I will dismiss in a word by saying that, in my opinion, every man should be educated in a handicraft or mechanical art of some kind during his early youth. The importance of this element of education is curiously forgotten even by such a mechanical race as the English and American. So much for surgery; the boy who has learned to use a lathe or to make a chest of drawers will have fingers apt enough for surgery.

There is, moreover, another means of education most useful in early life, namely, that of measurement. At every national school youths of both sexes should learn to measure accurately to thousandths of an inch and to hundredths of a grain; thus the eye is taught with the hand, and, what is of more importance, the mind is trained to know what accuracy means. These occupations, invaluable in training of character and skill as they are, would add nothing to the burden on a growing brain.

Of the sciences, those of memory and of observation only should have a place. The mind of youth is in a stage when the imagination, rather than abstract thought, should be cultivated. To collect natural objects, and thus be drawn into the haunts of animals, into the habitation of plants, and to see the structure of the earth excites and enlarges the imagination and strengthens the memory at a time when these faculties are ripe for culture. I have never happened to meet a

young man, educated in abstract science at school, who seemed to me to have used his time to the best advantage. If, for the present, it has led to success in the narrowest sense, I think we are entering even now into a generation when success must be based on a larger education than this—on an education in letters and in the humanities as well as in the laws of the material universe.

We are apt to forget that even in these days of science, advancing by leaps and bounds, that still the greater part of man's life is spent in the expression of his thoughts and in converse with mankind. He should, therefore, have learned to handle the ideas which concern himself and his fellows, not only in their material conflict with nature, but also in those higher spheres of history, ethics, politics and social aspiration, for which alone man can be said properly to live. If we regard the mastery of modern man over nature in any other light than as clearing for us a larger base for a reconstruction of societies which shall be more wise, more humane, more beautiful in spirit than in the past, there would be nothing but sadness in the contemplation of modern life, with its "gay afflictions, golden toil." No doubt we must rebuild our material home, but we ourselves also must be born again.—(Newman.)

The uses of learning Latin and Greek lie in this: That in these studies, more than in any others, the ideas which concern man in his highest endowments of mental, spiritual and social life are manifest, and not only so, but are manifested in languages the most virile and beautiful the world has known. Latin and Greek are called dead languages. If so, the Hermes of Praxiteles and the Venus of Milo are corpses. Latin and Greek contain in perfection of form not modern science, but that for which modern science exists—the best that man has lived and thought. It would be a narrow pedagogy which should assert that strong and penetrating thought and noble and chastened imagination are to be found only in Latin and Greek; we may be thankful, indeed, that the English language is or has been as noble an instrument, and enshrines at least as fine a literature. Yet it has been said long before our time that to know one literature only is to wander in the sphere of letters without a scale of relative dimensions; to lose the faculty of comparisons for lack of standards of comparison. To learn to speak a language like a parrot is but to train a mechanical memory. Latin and Greek, however, although they contain the finest records of human thought and action, are, as I have said, not the only shrines of letters, and the noble literatures of France, Germany or Italy may take the place of either of them, and carry the additional advantage of common usefulness.

But do not let us forget that our calling derives its honor not from its power of repairing the carnal body; were this its only title to respect it would take a low place in the hierarchy of professions. Those professions which deal with the ends, which alone make life worth preserving—such as that of the law of religion, philosophy and of the fine arts—would in such case regard our occupation but as a higher kind of farriery. The glory of our profession, from the hour when Hippocrates, in that oath, wherewith like a trumpet, the notes of which reverberate still through the ages, summoned us to take our place in the forefront of the fight, has been that we are concerned not only for mankind, but for men. The ideal side of a physician's life is that he brings healing or solace to his human fellow. The Greek philosopher, like the modern socialist, would sacrifice man to the State; the priest would sacrifice man to the Church; the scientific evolutionist would sacrifice man to the race. Yet, while all these elements of co-operation and of aspiration work together for good, we thankfully see that, after all, the tendency of civil evolution, as of Christian ethics, is to use society as a means for man himself, as a means to purify and to elevate the individual soul. The physician, then, is more than a naturalist; he is the minister not only of humanity at large, but of man himself. Thus it is that the humblest of us, and he who labors in the darkest and most thankless parts of our cities, is never a drudge; in the sight of the angels he is illustrious by the light of his service to men and women. The man of science can tell us delightful things about birds, flowers and wild life, for all life is various and touching; he can tell us queer and uncomfortable things about our insides, amazingly useful things about steam and electricity, but at bottom, when the marvel is over or the material gain is won, all this grows stale. Ideas concerning the harmony of the spheres, concerning cosmic evolution, concerning the inhabitants of Mars, are prodigious; they may uplift us sometimes with a sense of the greatness of man's inheritance, but alone they are cold and unsatisfying. The child of his age feels that a sonnet of Wordsworth, a flash of Browning's lamp into man's heart, an idyll of Tennyson give us thoughts worth more than all the billions of whirling stones in the universe. In strengthening and cherishing this inner life of his brother and sister, happily, the physician has many fellows, but the physician alone among them all holds sacred the lamp of the personal life for its own individual sake; he alone forgets Church, State, nay, even the human race itself, in his tender care for the suffering man and for the suffering woman who come to him for help.

—*Maryland Medical Journal.*

Society Reports.

The American Electro-Therapeutic Association.

THE eighth annual meeting of the Association took place in Buffalo, N.Y., in the rooms of the Society of the Natural Sciences on September 13th to 15th, and was well attended, and altogether successful in every respect. The Mayor of Buffalo, Dr. Conrad Diehl, delivered an address of welcome, to which Dr. F. B. Bishop, of Washington, D.C., responded. As the President, Dr. Charles R. Dickson, of Toronto, kept all strictly to the time limit, and called the meetings to order very punctually, it was possible to get through a quite lengthy programme, which was as follows:

Phlebitis: A Clinical Study. By Dr. Margaret Cleaves, New York.

The Diagnostic and Therapeutic Relations of Electricity to Diseases of the Central Nervous System. By Dr. A. D. Rockwell, New York.

New Uses of the Undulatory Current in Gynæcology. By Dr. Georges Apostoli, Paris, France.

Electricity in the Treatment of Uterine Fibromata. By Dr. Felice la Torre, Rome, Italy.

Electro-therapeutics in Gynæcology. By Drs. Georges Gautier and J. Larat, Paris, France.

The Use of Electricity in Gynæcology. By Dr. W. J. Herdman, Ann Arbor, Mich.

The Treatment of Uterine Fibroids by Small Currents Administered Percutaneously. By Dr. R. J. Nunn, Savannah, Ga.

Treatment of Menorrhagia by Weak Current and Silver Electrode Internally. By Dr. Adelstan de Martigny, Montreal, Que.

The Method for Using Cataphoresis in Conjunctival Inflammation. By Dr. Lucien Howe, Buffalo, N.Y.

Electricity in Deafness and Stricture of the Eustachian Tube. By Dr. Robert Newman, New York.

Electricity in Acne Vulgaris and Acne Rosacea. By Dr. Grover W. Wende, Buffalo.

A Case of Lightning Stroke without Serious Consequences. By Dr. Wm. C. Krauss, Buffalo.

Cases of Lightning Stroke Causing Diseases of the Eye. By Dr. G. S. Ryerson, Toronto, Ont.

High Tension Current in Neuritis. By Dr. F. B. Bishop, Washington, D.C.

Electricity in the Treatment of Goitre. By Dr. C. R. Dickson, Toronto.

The President's Address: Aims and Claims. By Dr. C. R. Dickson, Toronto.

Ten-Minute Talks on Electro-therapy:

1. The Effect of Electricity upon Tissue Metabolism. By Dr. W. J. Herdman, Ann Arbor, Mich.

2. The Effect of Electricity upon Tissue Metabolism. By Dr. J. H. Kellogg, Battle Creek, Mich.

3. The Galvanic Current in Gynæcology. By Dr. G. B. Massey, Philadelphia, Pa.

4. Some Surgical Uses of Electricity. By Dr. C. R. Dickson, Toronto.

5. Combined Use of Medicinal and Electrical Treatment in some Affections of the Eye. By Dr. G. H. Burnham, Toronto.

6. Electricity in Genito-Urinary Diseases. By Dr. R. Newman, New York.

7. Treatment of Malignant Growths by Means of Electricity. By Dr. G. B. Massey, Philadelphia, Pa.

8. Orthopædic Uses of Electricity. By Dr. L. A. Wiegel, Rochester, N.Y.

9. The Functional Neuroses, with Special Reference to Neurasthenia, their Pathology and Treatment. By Dr. A. D. Rockwell, New York.

10. Electricity in Diseases of the Nervous System. By Dr. W. J. Herdman, Ann Arbor, Mich.

A High Frequency Oscillator for Electro-therapeutic Purposes. By Mr. Nicola Tesla, E.E., New York.

The Hydro-electric Bath with Sinusoidal Current in Disease. By Drs. G. Gautier and J. Larat, Paris, France.

The Use of the Hot Air and Light Bath in Disease. By Drs. G. Gautier and J. Larat, Paris, France.

The Electric Arc Bath. By Dr. Margaret A. Cleaves, New York.

The Electric Light Bath. By Dr. J. H. Kellogg, Battle Creek, Mich.

Some Suggestions on the Possibilities of Cataphoresis. By Mr. J. J. Carty, E.E., New York.

The Effect of High Tension Discharges upon Micro-organisms. By Drs. J. I. Parsons and C. Slater, London, England.

The Action of X-Rays upon Tuberculosis. By Drs. J. Bergonie, of Bordeaux, and — Teissier, of Paris, France.

Two Years of Practice in Radio-therapy. By Drs. G. Gautier and J. Larat, Paris, France.

The officers for the following year are: President, Dr. F. B. Bishop, Washington, D.C.; First Vice-President, Dr. Ernest Wende, Buffalo, N.Y.; Second Vice-President, Dr. W. H. White, Boston, Mass.; Secretary, Dr. J. Gerin, Auburn, N.Y.; Treasurer, Dr. R. J. Nunn, Savannah, Ga. Executive Council—for three years, Drs. R. Newman, New York, and G. B. Massey, Philadelphia, Pa.; for two years, Drs. A. D. Rockwell and Wm. J. Morton, New York; for one year, Drs. C. R. Dickson, Toronto, Ont., and F. Schavoir, Stamford, Conn. The next meeting will be at Washington, D.C., September 19th to 21st, 1899.

A resolution was passed urging colleges and medical schools to establish chairs on electro-therapeutics, or devote more time and attention to teaching this branch, and it was decided to call the attention of the Association of Medical Colleges to the necessity for such a step. The University of Buffalo was congratulated upon having a chair of electro-therapeutics in its medical department.

An excellent exhibition of electrical apparatus was held in the lecture-hall next the room of meeting, and proved a very attractive feature.

The arrangements throughout were of the best; no effort seemed to have been spared to ensure the comfort and enjoyment of members and their guests. The chief fault found with the programme of entertainment was that it was simply impossible to get through it all. There were tally-ho and trolley excursions, visits to Art Gallery and various historical and other interesting collections of different societies; visit to Buffalo R.R. power-house, whose storage batteries, the Mayor assured, were the largest in the world, and other visits innumerable; a public reception at the University of Buffalo, where some excellent addresses, and one especially humorous were heard; a smoker at the residence of Dr. Lucien Howe, to meet the Faculty of the University and the officers of various medical societies; and, to crown all, a most delightful excursion on the yacht *Huntress* down the Niagara River, with dinner at the Island Club, Grand Island, which brought to a close an exceedingly well-planned and well-carried-out meeting. The local arrangements were in charge of Dr. Ernest Wende, Commissioner of Public Health, Buffalo, who deserves great praise for the admirable manner in which everything was managed. Three most hearty cheers were given for him as the members stepped off the yacht and bade him good bye on Thursday evening before leaving for Niagaara Falls, N.Y., where Friday was spent in sight-seeing under the direction of the president, the complete tour being made by the electric roads on both sides of the river, the wonderful power-house visited, and the *Maid of the Mist* for a farewell view of the Falls.

Editorials.

Announcement.

As consolidation is the order of the day, we have much pleasure in announcing that an amalgamation between this Journal and the *Canadian Practitioner* has been arranged, to take effect with the first issue of the New Year. The *Practitioner*, which was established in 1875, being the older publication will take precedence in name, and it has been decided to call the united journal "THE CANADIAN PRACTITIONER AND MEDICAL REVIEW." The interests of the subscribers have been guarded, and the "CANADIAN PRACTITIONER AND MEDICAL REVIEW," will be furnished to the subscribers until the term of their present subscriptions shall have expired.

This consolidation of the two leading medical publications of Canada will make an unusually strong journal, with a *bona fide* circulation far in excess of others.

We desire to thank our friends and patrons for their cordial support in the past, and solicit for the consolidated journal a continuance of their friendly interest.

Dominion Registration.

ON Saturday, October 22nd, a number of prominent medical men of Toronto, and other parts of this Province, met together to hear the brief outline of a plan for "Dominion Registration," which Dr. T. G. Roddick, of Montreal, had taken great pains to prepare, and which he came to present for consideration and discussion. Hitherto, the plans for "inter-provincial registration" have been pushed forward for many years, and though a large majority of the medical men of the various provinces have been in favor of arriving at a law whereby those holding license to practise in one Province, could also practise their profession in any other Province of the Dominion, so many obstacles seemed to crop up that it was impossible to complete any definite plan.

"Dominion registration," as proposed by Dr. Roddick, seems to be

the only means by which the desired end may be reached, without interfering with the existing Provincial laws, or the rights of the universities, which in Quebec, at least, decline to give up their right to the power of conferring degrees, which carry the right to practice with them.

It is proposed to have a Dominion Board, which will establish a standard as high or higher than that of any of the Provinces. Of the members of this Board, some are to be elected by the councils of the various Provinces; others appointed by the Legislature, etc. After students have passed their examinations and obtained a Dominion license, they can register in any Province by paying the fee of such Province.

Many other details were given, but it was expressly stated that the outline was provisional, and that free discussion was wished in order that the ideas of members of the profession here might be obtained.

The advantages to the medical men of the Dominion cannot be overestimated, as it would give them a wider field in our own country and a higher standing in others.

Amongst those who spoke, Dr. J. A. Williams, of Ingersoll, endorsed the scheme, pointing out how he had reached the same conclusions as Dr. Roddick, by a different line of reasoning. He also pointed out some details which might be modified to advantage.

Dr. W. W. Dickson, of Pembroke, pointed out the manifest advantages of such registration, especially to those who lived near the line of division between two Provinces, and instanced cases of hardship to those practising in such places now. Dr. W. Britton spoke with caution.

Amongst those who discussed and spoke in favor of the plan, and in praise of Dr. Roddick for the care, time and attention he had given to the subject, were: Drs. J. E. Graham, W. W. Oldright, J. H. Cameron, R. A. Reeve, John A. Mullin (Hamilton), R. A. Pyne, Albert A. Macdonald, H. Machell, and others.

After a vote of thanks to Dr. Roddick, which was moved by Dr. J. H. Cameron and seconded by Dr. Albert A. Macdonald, Dr. Roddick made a neat and suitable reply, saying that he felt grateful for the cordial reception of his report, and that it would give him pleasure to come to Toronto again and meet the members of the profession, when the plans were still further elaborated. With many expressions of good-will and hope that success would ultimately be attained, the meeting adjourned.

Ontario Medical Library.

THOUGH at times during past years the outlook for the library was anything but encouraging, the members and the managers struggled bravely on and the result is that now a valuable collection of books and journals has been brought together and arranged for reference. During the past season quite an impetus was given when at the annual meeting Dr. Wm. Osler spoke words of wisdom and gave a large subscription for the purchase of books to perpetuate the memory of the late Dr. Bovell. Dr. J. E. Graham, the president, in addition to making a large donation, has inaugurated a scheme by which all may be united in their mode of giving. These efforts are resulting in further benefits. Some are giving a stated amount yearly, others promise to make a donation, paying off a portion every year or paying interest on the unpaid amount.

Members of the profession are reminded that in making their wills it is a good plan to remember the library. Books which to an individual have lost a great part of the interest of novelty, are valuable to a library, and can be made use of as duplicates or for exchange with other libraries. Information as to the mode of joining the library, or of furthering its interests may be obtained from the Treasurer, Dr. H. A. Bruce, 12 Carleton Street, or the Secretary, Dr. J. H. Hamilton, of 329 Carleton Street.

By the sudden death of Dr. H. P. Wright, of Ottawa, our deepest feelings of sympathy are aroused, both for the sorrowing widow and young family who have been so bereaved, and for the many who mourn for a true friend and wise counsellor. Born in Toronto, he graduated at "McGill," Montreal, in 1871; registered in the College of Physicians and Surgeons of Ontario, March, 1872. He has practised ever since in Ottawa, and has been for many years a leader in his profession and in all good works in the city of his choice.

WE beg to call the attention of the profession to the preparation known as Ferrol—Iron and Cod Liver Oil. It is an excellent preparation, and when combined with creosote most useful in those cases where these products are indicated. The manufacturers are appealing to the profession alone and not to the general public, desiring in the most ethical manner possible to have its merits fully tested and reported upon. Carefully read the pages numbered xv and xvi.

Book Notices.

Diseases of Women—A Text book for Students and Practitioners.

By J. C. WEBSTER, B.A., M.D. (Edin.) F.R.C.P. (Eng.), Demonstrator of Gynecology, McGill University; Assistant Gynecologist, Royal Victoria Hospital, Montreal, etc.

In this book the author has kept well up to his avowed intention "of giving prominence to the scientific basis of each subject under consideration." Though in small compass, the work is comprehensive, and deals with the diseased conditions on the broadest plan, the author never forgetting that there is a patient to consider, as well as a disease to cure, thereby showing himself in strong contrast to the mechanical school of gynecology, so much in vogue of late.

The opening chapters show that the author has kept thoroughly abreast of the times. The illustrations throughout are clear, and it is a relief to have so many which are original and of value for demonstration.

Chapter V.—The nervous system in relation to pelvic disease has a clear ring about it, and is well worthy of perusal, both by the youngest student and the oldest practitioner.

In chapter IX., on operative measures in general, we find that safe rules are laid down, in a clear, concise way, so that a glance will suffice to show the meaning of the author. Many useful hints are given and altogether safe procedures are outlined.

The book is clearly printed and well illustrated, on good paper.

Altogether, we have reason to congratulate the author on presenting to the profession a book which takes rank with the first of its kind in any country.

CHALYBEATE PURGATIVES.—Dr. C. E. Williams suggests the following preparations:

- | | |
|----------------------------------|-----------|
| R Ferratin, | |
| Sodium bicarbonate..... | āā ̄ ij. |
| Powdered rhubarb..... | ̄ iv. |
| Oil of fennel..... | gtt. xxx. |
| M. S. Dose, a teaspoonful. | |
| R Ferratin..... | ̄ iij. |
| Extract of aloes..... | gr. xiv. |
| Compound extract of rhubarb..... | gr. ix. |

M. Divide into thirty tablets. S. One or two to be taken twice a day.

—*New York Medical Journal.*

Selections.

Treatment of Angina Pectoris.

Lyon writes in the *Revue de Thérapeutique Médico-Chirurgicale* on this theme. For the treatment of the attack itself, rest, the inhalation of five or six drops of nitric of amyl and a hypodermic injection of $\frac{1}{100}$ of a grain of nitroglycerin are to be resorted to. To overcome the syncope ether, caffeine or camphorated oil, the latter in ten-per-cent. strength, are to be employed. Friction should also be applied to the limbs, and, should there be evidences of pulmonary involvement, venesection must be practised, while if respiration fails rhythmic tractions of the tongue must be performed. Injections of morphine are contraindicated in such cases. In those cases in which the neuritis is apparently due to the involvement of the cardiac plexus, morphine may be admissible. Fifteen to forty-five-grain doses of antipyrin may be given by the stomach or by rectal injection, or smaller amounts of phenacetine may be used, and to the point of pain chloride of ethyl spray may be applied.

For the treatment between the attacks care should be taken that exercise does not immediately follow a meal and that sudden motions are avoided. Mild exercise should be taken, but cold baths are not advisable. Smoking should be refrained from. Massage and friction of the right chest with alcoholic liquids may be resorted to. In regard to the diet, the patient should refrain from all rich dishes and fermented drinks, and tea, coffee and alcohol, and should live largely upon milk, eggs, green vegetables, and properly cooked fresh meats. Water should be taken at each meal. For two or three weeks out of every month 30 or 40 grains of iodide of potassium should be taken a day, and for the remaining days of the month $\frac{1}{100}$ of a grain of nitroglycerin may be similarly taken. Sometimes it is wise to increase the dose of the latter drug. It is also suggested that counter-irritation should be applied in the form of a hot iron over the precordial region every eight days.

Where there is feebleness of the heart due to myocarditis a combination of digitalis and nitroglycerin is of value.

For the treatment of false angina or cardialgia the medication should consist in nitrite of amyl, antipyrin, bromide of potassium, and applications of ether or chloride of ethyl vapor to the pericardium.

A useful prescription is one composed of Hoffmann's anodyne,

tincture of valerian, tincture of digitalis, and tincture of belladonna, of each one drachm. Ten to twenty drops of this are taken at the beginning of the attack.

For the treatment of the cause hydrotherapy is to be resorted to in the form of hot baths; faradization of the painful region and the local application of cold by chloride of methyl spray is useful. Should the attack be due to hysteria the same treatment may be instituted. If to dyspepsia, a milk diet with hydrotherapy, is useful. If due to the excessive use of tobacco, this drug must be prohibited and nitroglycerin given as in the case of coronary angina. In the angina due to gout, diabetes, and malaria, relief must be given by remedying as far as possible the arteriosclerosis, chiefly by the use of the iodides.—*Therapeutic Gazette*

TREATMENT OF SWEATING HANDS.—The *Revue médicale* for September 28th cites the following as being quoted by *Nouveaux remèdes* from a German source. It is said to have given excellent results:

R	Borax,	}	of each.....	225 grains;
	Salicylic acid			
	Boric acid			75 “
	Glycerin,	}	of each.....	900 minims.
	Dilute alcohol,			

M. Rub in three times daily.—*N. Y. Med. Jour.*

TREATMENT OF SUPPURATION OF THE EAR BY PICRIC ACID.—Lanoix (*Revue médicale*, September 14th) states that picric acid, being not only analgesic and antiseptic, but also keratoplastic, he was led to employ it in suppuration of the ear, when it is sought especially to cauterize the secreting membrane of the tympanum. He has attained unhoped for benefits from its use. He uses the following solution:

R	Picric acid	3 grains;
	Alcohol of 90°	45 minims;
	Distilled water	300 “

M. The solution is left for some minutes in contact with the ear. The treatment induces desquamation of the tympanum and of the meatus, which calls for frequent cleansings. This action of picric acid contraindicates its use in cholesteatoma.—*N. Y. Med. Jour.*

SUBSCRIBERS will please consult the address label on this number and if in arrears kindly remit soon.

FOR DYSPEPSIA WITH FLATULENCE.—

R	Tinct. gentianæ,	
	Tinct. valerianæ,	
	Tinct. nucis vomicæ.....āā	4
	Chloroformi	20-40 gtt.

M. S. Ten to twenty drops in water before meals.—*Centralblatt für die gesammte Therapie*, 1897.

AN ANTISEBORRHŒIC HAIR WASH.—

R	Chioralis,	
	Ac. tartarici	āā 1
	Olei ricini	0.5
	Spiritus vin rect.....	100
	Essentiæ flor. æth.....	9.5

—EICHOF, *Deutsche medicinische Wochenschrift*, 1897.

TREATMENT OF ACUTE COLIC.—The *North American Practitioner* for September recommends the following for acute colic due to indiscretions in diet :

R	Chloroform	1 ½ drachm ;
	Deodorated tincture of opium	1 “
	Camphor	4 grains ;
	Oil cajuput	1 drachm ;
	Water	2 ounces.

M. One teaspoonful to be taken every hour or two.—*N. Y. Med. Jour.*

CORYZA.—

R	Subnitrate of bismuth.....	5 i.
	Powdered Camphor.....	gr. x.
	Powdered boric acid.....	gr. xxx.
	Hydrochlorate of morphine	gr. i.
	Hydrochlorate of cocaine.....	gr. i.
	Powdered Benzoin.....	gr. xv.

A pinch to be snuffed up the nostrils.

—*Therapeutic Gazette.*

THE TREATMENT OF INOPERABLE UTERINE CANCER.—Bernhart (*Centralblatt für Gynakologie*) recommends the injection once in four days of thirty minims of the following solution :

R	Salicylic acid	6 parts ;
	Alcohol at 90°	1,000 “

M. There is at first some exacerbation, then disappearance of the pains and retraction of the tumor.—*N. Y. Med. Jour.*

To the Medical Electors of Territorial Division No. 12.

GENTLEMEN,—I am in receipt of your requisition asking me to again represent you in the Medical Council. It is, I observe, signed by over 120 of your number, and those active in the movement assure me that this result has been reached by only a very incomplete postal canvass of the constituency. This practically amounts to unanimity. Your declaration that you have not failed to note the zeal and fidelity with which I have tried to guard your rights, and that you approve of the stand I have taken in Council affairs, is highly gratifying to me—is, indeed, compensation for much that was unpleasant in the experience of the past four years. I cannot refuse to accede to a request so generously urged, and, therefore, though still of the opinion that I could serve you more effectively in another capacity, I cheerfully put myself in your hands. I may add that, if again elected, you may rely upon my serving you in the Council, loyally and fearlessly, to the best of my humble ability, and with an eye single to the vital concerns of the profession.

In again offering myself for your suffrages, it is but proper that I should give you some account of my stewardship. I can only afford a few brief paragraphs in this connection, but they may serve to show you what we have done, and, also, why we failed in some things attempted. Once you grasp the fact that there exists in the Medical Council a solid wall of obstruction to certain reforms, and a compact opposition to nearly all reforms, you will appreciate our difficulties, and may be expected to marvel—not that we have achieved so little—but that, under the circumstances, we have been able to accomplish so much.

In striking a balance between the desirable and the attainable in the Medical Council, you must always bear in mind both the composite character of that body and the artfully contrived machinery by which it is run. Elsewhere (MEDICAL REVIEW for 1896 97, to which I refer you for details) I have fully and honestly explained how, by the recreancy of some of its own representatives, the Medical electorate is cheated out of its just and lawfully preponderating influence in the Council. The eight schoolmen, five homœopaths and three territorial ex-presidents form a "Ruling Alliance of Sixteen" in a body of only thirty members. The President's chair which, being in the gift of the Alliance, is the pivotal point of the contrivance, is offered to competition among territorial members, and every third

year, allotted to him who, by the most uniform subserviency, has best qualified himself for its occupancy. It is notorious that no territorial man, who cherishes presidential aspirations, dares to give a vote, or to make an utterance which is unpalatable to the "Combination," while any one, sufficiently pliable to its requirements, can secure the coveted dignity (?) even with so short a novitiate as half a term. This year's election of officers was a case in point. Dr. Henry—the respected, able, and genial representative of No. 6—to whom the President's chair belonged by virtue of a twelve years' term of service, by fitness, by professional standing and repute, by an unvarying Council precedent of many years, and by the support of two-thirds of his fellow representatives, was, in a truly shameless manner, deprived of his rights, and the position was given to a homœopath. Why? Simply because, on several questions of moment to the profession, Dr. Henry had ventured to vote in opposition to the wishes and contentions of the "ruling alliance." And the punishment thus meted out to manly independence was further accentuated by the bestowal of the Vice-Presidency on Dr. Brome—a gentleman who, during his very short term of service in the Council, has been able to see all things eye to eye with the machine. Who were the elected men bound with the homœopaths, and school appointees to thus humiliate a fellow representative for his manly independence? Drs. Bray, Rogers, Roome, Taylor, McCrimmon and Brock—the last-named gentleman being either the mover or seconder of the opposition to Dr. Henry.

Thus it comes that, although the Legislature has given the profession a representation of seventeen in a body of thirty members, the schoolmen and homœopaths—practically by putting the upholstered chair within the exclusive reach of those whose self-interest is stronger than their representative fibre—still control the Council, and, being quite independent of the electorate, are the uniform and consistent opponents of all change, all reforms, all movement towards better things.

That the progressive element in the Council has been able to wrest any reforms from the "ruling alliance," is due to the consciousness of the latter that it holds its anomalous power by a very frail and uncertain tenure—that the elections recur often, and that the electorate is beginning to look into matters. The profession is amazingly apathetic, and is long-suffering to the point of weakness. Just as soon, however, as it becomes aroused generally to a consciousness of how and by whom and for what its vital interests are betrayed, it may be expected to recognize the fact that, as the Council is now run, territorial ex-presidents are not free men, are hobbled by the servile votes

and contentions of past years, as well as by their present alliances, and it will then no longer stultify itself and invite disaster by returning them to the Council.

These considerations may serve to explain the frequent failures of the progressive section of the representative element in the Council. Yet the past four years have not been barren of useful results. In fact, the reforms, wrung from the "ruling alliance" by the insistence of the opposition and the independent members, have largely revolutionized the inner life of the Council. Among the more important of these reforms I may particularize the following :

1. Slipshod modes of procedure, which had prevailed therein for a quarter of a century, have given place to modern and more correct business methods. It is true that in this direction much yet remains to be done, but the explicit provisions of the Medical Act are no longer either habitually ignored or flagrantly violated. Simple motions, and even the casual suggestions of committees, are not now, as formerly, accepted in lieu of such formal By-laws as the Act directs.

2. The By-law regulating the Proceedings of the Council has been entirely remodelled, so as to bring the Rules and Order of Procedure in line with the usages of the present day.

3. The Council has been spurred on to more intelligently interpret and to more loyally respect its own By-laws.

4. The use of the ballot, even in the election of officers, has been discontinued, so that no vote given by a territorial member is now covered from the ken and approval, or possible condemnation, of his constituents.

5. The rigid submission of all contract work to competitive tender has rendered printing and similar scandals no longer possible.

6. As is the custom in all similar bodies, the Council now exacts guarantee bonds from its Treasurer and Registrar.

7. In place of auditing, as heretofore, its own accounts, an annual audit is now made by an independent and competent Accountant, appointed by the Council to do that work.

8. A carefully elaborated estimate is required from the Finance Committee each year.

9. The subsidized journal of the Council has ceased to exist. This journalistic monstrosity was created by the last Council and run, at an annual outlay of some \$600, as a "strong arm of defence" against the Profession. It was employed to stifle all independent expression of opinion, by the unscrupulous use of mendacities and mud. It was a danger and a menace to the electorate, and its somewhat stormy sepulture was hailed with very general acclaim.

10. The interests of the profession are now much more watchfully guarded than they were prior to 1895. Every attempt, open or covert, to subordinate them to those of the privileged elements, is boldly exposed, and, where possible, defeated.

11. The matriculation and registration requirements are now much more strictly applied than they were formerly. Efforts to relax them, made either in Council or Committee, are always challenged, and, commonly, aborted.

12. The yeas and nays on all questions of moment to the profession, are now systematically demanded and recorded. The electorate is thus enabled, whenever it cares to look into matters, not only to find evidence of the existence of a "combination" or "ruling alliance" and its control of the Council, but, also, to bring to book representatives who may show either unfaithfulness or want of discernment. Committee work seldom or never goes on during Council debates, and, hence, as a rule, the absence of a member's name from the record means that he has avoided the vote.

13. Intra-provincial registration, abuse of hospital privileges and the evils of lodge practice, have become live issues in the Council, which has appointed a committee to aid in compassing the first—if it may be done without materially lowering our educational standards—and is casting about for means to mitigate or, if possible, prevent the others.

As I purpose addressing, almost immediately, the medical electorate of the Province on the issues involved in the approaching Council elections, I shall here advert to only one other matter.

The Medical Council is in bad odor with the Legislature—in such bad odor that it dares not seek from it, in its own name, legislation of any kind. On the other hand, the Legislature is not unfriendly to the medical electorate, and, in view of the probability of our having, ere long, to procure from it legislation supplemental to the Act of 1893, the greatest possible care should be taken not to disturb our existing mutually amicable relations. In 1896, however, a dangerously subtle scheme was mooted in the Council, and further elaborated in the Executive Committee, with a view not only to gag the profession by its own act, but to transfer legislative hostility from the Council to the medical electorate, by making the latter appear as the moving party in seeking legislative changes which were known to be unattainable, and the attempt to secure which was certain to arouse angry feeling in the House. Ex-President Bray was the ostensible leader in this movement, and Ex-President Rogers—who emulates Dr. Britton and Dr. Moore in striking the grace notes of Council debate, and who is not

averse to being regarded as the "tail of the alliance," wagged tumultuously in baiting the trap thus set for the betrayal of the electorate. Though duly and faithfully cautioned not to sign the petition then circulated by the Alliance, a majority of the practitioners in the Province—beguiled by the specious blandishments of the "Ottawa Æolus," and suspecting no evil, signed, as requested. The consequences might have been quite serious, as the electorate would have thus been brought into collision with the House. This wished-for consummation was averted, however, by the prompt and determined action of your loyal opposition in the Council, which not only therein resisted the nefarious plot, but explained its true inwardness to the Government, and so brought it to an untimely end. I point with great satisfaction to the fact that my own small contribution to that result was deemed by the "ruling alliance" worthy of a special vote of censure, which I accepted as valuable, because impartial, evidence of my fidelity to your interests. I owe—I profess to owe no fealty to the "ruling alliance," or even to the Council itself, except so far as that body is loyal and fair to the interests I serve. My allegiance is due primarily to my constituents, and to those who, in the Council, act with me in maintaining the rights and looking after the vital concerns of the profession. As long, therefore, as I retain your confidence, and am sustained (as in this instance I was sustained) by a majority of my fellow representatives in the Council, I can bear with fortitude and equanimity both the censure and the coarse abuse of the "ruling alliance." In fact, were I at any time so unfortunate as to receive the commendation of that clique, I should feel constrained to take myself seriously to task, to find out in what respects I had so far betrayed the interests of my constituents as to merit its approval.

Again thanking you for this generous and all-but unanimous expression of your continued confidence in me, and assuring you of my unflagging zeal in and devotion to the furtherance of your professional well-being, I beg, Gentlemen, to subscribe myself,

Faithfully yours,

JOHN H. SANGSTER.

Port Perry, October 10th, 1898.



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SANMETTO.—J. S. Jordan, M.D., of Indianapolis, Indiana, writing, says: "I have been using Sanmetto for a number of years, and with unvarying good results. In cases of prostatitis, prostaticorrhea, cystitis, chronic gonorrhea, and kindred genito-urinary troubles, I find it one of the most valuable acquisitions to our *Materia Medica*. In irritable conditions of the neck of the bladder, so frequent among females, Sanmetto has proven a god-send. I can also heartily recommend it as the very best aphrodisiac I have ever used."

A SINGULAR ATTEMPT AT SUICIDE.—Dr. Dyrenfurth (*Berliner Klinische Wochenschrift*) reports an interesting case of a prisoner's attempt at suicide in a prison at Ralditsch. A man twenty-two years of age was received at the penitentiary and put to work in the tailor shop. Several weeks after his entrance the attendant reported that the prisoner was vomiting blood without any apparent cause. He was ordered to the hospital and examined. With the exception of pain over the epigastrium nothing could be found. The second day the first stools were passed in the shape of dark, hard balls. On close examination the same were found to contain thirteen pants buttons and seven needles, five of the needles being tied in the shape of a bundle. The next day the second passage contained five pants buttons, two bundles of needles, three pieces of a nail, and a bent trousers catch or hook. After several days the prisoner was discharged from the hospital. Undoubtedly the man took the above-named articles with suicidal intention, because some weeks previous he was prevented from hanging himself. This case is similar to the case reported by Ewald. A sailor, for a number of years, swallowed pocket-knives, etc., which were always passed per rectum. This practice at last resulted in the perforation of the rectum,—*The Medical Age*.

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THE post-mortem examination of the Empress of Austria has shown that the blow of the assassin broke the fourth rib, the weapon piercing the lung and the left side of the heart and penetrating three and one-third inches. After being stabbed the Empress walked to the steamer, a distance of fifty yards, and it was only after reaching the vessel that she fell. The wound in the heart muscle was only a sixth of an inch in length, and the elasticity of the myocardium partially closed this and prevented an immediately fatal loss of blood.—*Medical Age*.

KNOCK-OUT DROPS, says an exchange, is the name used to describe some secret narcotic which is put in the drink of inebriates to make them insensible, for the purposes of robbery. This is found to be always chloral, in concentrated solution, sixty grains to a drachm. This can be readily disguised and put in spirits without detection, the drinker always having palsied taste. This drug cannot be detected and is more readily soluble in spirits. One hundred grains can be dissolved in a drachm. Enough of this is absorbed to produce narcosis quickly without the usual stage of extreme excitement.—*The Medical Age*.

ACUTE INFLAMMATION OF THE PROSTATE GLAND.—*The Journal of the American Medical Association*, for August 20th, contains a report on inflammation of the prostate gland, which was presented to the Section on Surgery and Anatomy, at the forty-ninth annual meeting of the American Medical Association, held at Denver, Col., June 7-10, 1898, by Liston Homer Montgomery, M.D., of Chicago, Ill. His plan of treatment in acute inflammation of the prostate gland, is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool, or during micturition. On the theory that toxins are retained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flax-seed infusion. Along with these remedies, the mineral waters, particularly Vichy, with citrate of potash, go well together. Hydrate of chloral, or this salt combined with anti-kamnia, are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use, in his judgment, while externally, applications of an inunction of 10 or 20 per cent. iodoform, lanoline, as well as of mercury, are also of value.

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 Dr. W. H. Welch, of Baltimore, in a paper read before the American Medical Association, summarized as follows: (1) Experience has demonstrated that the method of serum diagnosis of typhoid fever is of great practical value. (2) The alteration of the blood on which this method is based is a specific effect of infection or intoxication with the typhoid bacillus. (3) The microscopical serum test is to be preferred to the macroscopical methods. (4) Quantitative determinations, relating especially to the culture, the time limits, and the dilution of the serum, are of importance, and, at least in doubtful cases, should not be neglected. (5) As the reaction may be delayed or occasionally absent, a negative result of the test does not exclude the diagnosis of typhoid fever. The later in the course of the disease the test is applied, and the oftener the examinations are repeated at intervals the less is the probability of the existence of typhoid fever, if the reaction is not manifest. (6) The persistence of the reaction, sometimes for years after recovery from typhoid fever, is to be born in mind in interpreting a reaction in febrile conditions. The appearance of the reaction and its increase during the period of observation speak for fresh typhoid infection. (7) The danger of mistakes from positive reactions in non-typhoid cases can be guarded against in nearly all instances. (8) Provision should be made, especially by the establishment and support of municipal or State laboratories, to render generally available to practitioners the serum method of diagnosis, as well as other bacteriological procedures of similar practical value.

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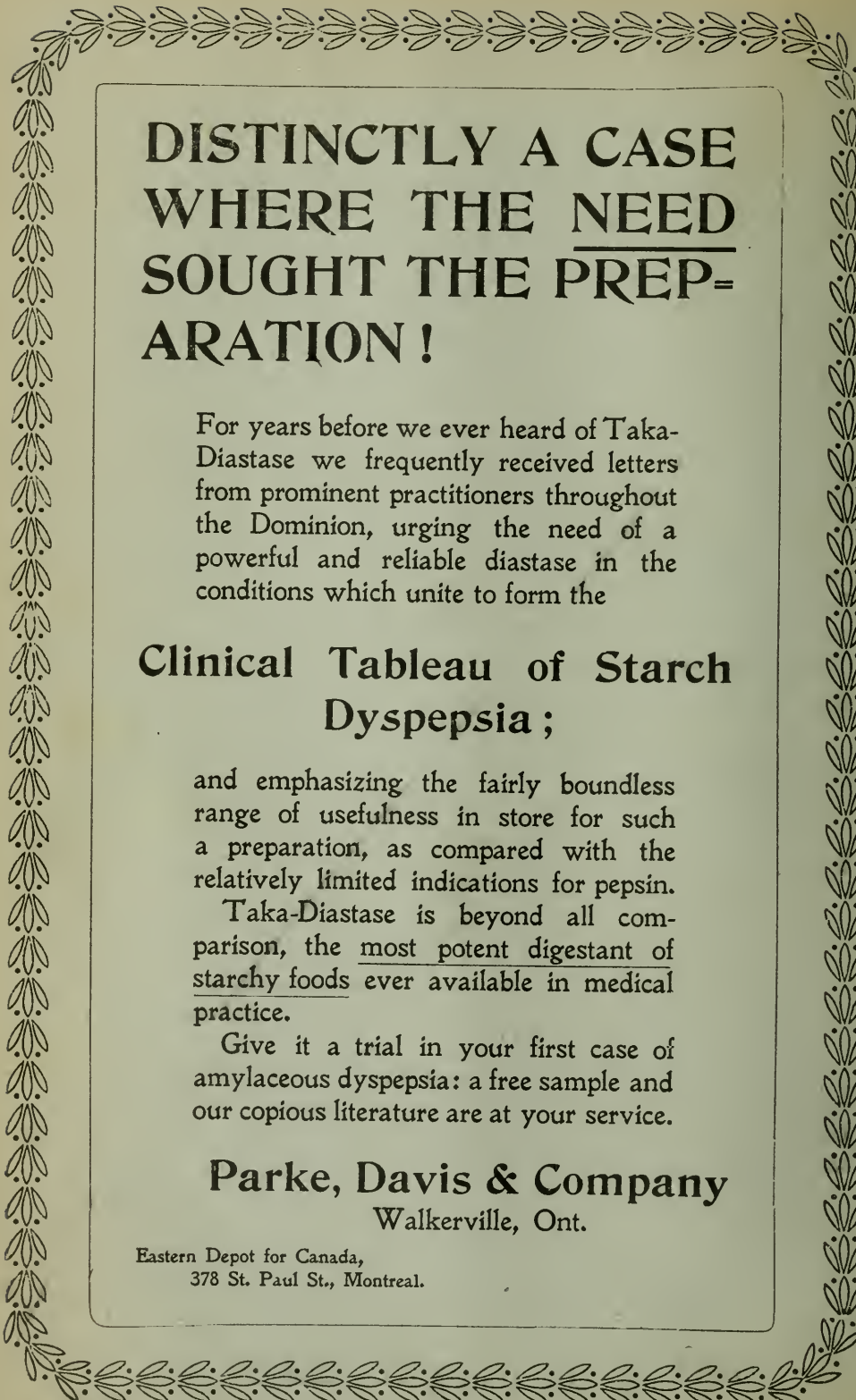
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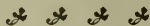
Vol. VIII.

DECEMBER, 1898.

No. 6.

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Vol. VIII.

TORONTO, DECEMBER 1898.

No. 6

Original Communications.

The Antitoxin Treatment in Diphtheria, With a Report of Four Cases.

BY DR. J. ANDREW HALL, Birtle, Manitoba.

THE treatment of Diphtheria with Anti-Diphtheritic Serum has during the past four years become so wide-spread that the mention of the disease suggests the remedy to be applied, and a testimony to its efficiency in combatting this dread disease seems as little called for as an argument on the value of food in sustaining bodily vigor, were it not for the fact that one occasionally meets with practitioners even yet who refuse to make use of this "specific" in the treatment of so formidable a malady. One has only to discover a case of Diphtheria in the community to learn the extent of the fear and anxiety that at once fills the minds of the people who know but too well its extreme virulence and fatality. We are glad to think that in the treatment of this disease with Anti-Diphtheritic Serum the death rate is very materially lowered and the people have a great protection in its use.

Besides being an additional testimony to the efficiency and value of the Antitoxin treatment, there are several points connected with the

treatment of the following cases that may be of interest to other members of the profession.

On September 7th, 1898, I was called in to see four members of a family who were suffering from "sore throat." The history given was that on August 30, B. H., a girl, aged 20, contracted sore throat severe enough to confine her to the house, but she did not take to bed until September 1st. Two days later her nose became very sore so that she thought she had "a cold in the head" and her right ear became very painful, being accompanied by considerable deafness. When first seen on September 7th, there were ragged patches of false membrane on each tonsil and also on the uvula. The anterior walls were swollen and sore, the glands at the angle of the jaw swollen and tender, and an examination of the urine showed a considerable quantity of albumen present. One thousand units of Anti Diphtheritic Serum were injected and a spray of corrosive sublimate 1-5000 ordered for the nose and throat every two hours. In twenty-four hours the sense of smell had returned, the deafness had largely disappeared, the amount of albumen was markedly lessened and the patient felt decidedly better. Twenty-four hours later, or forty-eight hours after the injection was given, the urine was almost free from albumen, the remains of the membrane had disappeared and the patient felt almost well but weak and still looked very pale.

On September 5th, seven days after the development of the above case, the mother, sister and brother in the same family became affected and it was this fact that aroused suspicion and caused them to seek medical aid.

P. H., aged fourteen, was the worst case. The membrane covered both tonsils and had crept over each side of the soft palate and uvula. The surface beneath bled readily on removing the membrane. The glands at the angle of the jaw were much swollen and very tender, pulse 120 and temperature $102\frac{1}{2}$. One thousand units of serum were injected and the spray ordered to be used locally. Twenty-four hours later the membrane had covered the entire uvula and extended into the pharynx so that the patient could scarcely swallow and the temperature had risen to $103\frac{1}{2}$. I injected a second dose of 1,000 units which checked any further advance, the membrane soon began to separate and was completely gone four days later.

A. H., a boy of seven, had a patch on each tonsil rather larger than a ten cent piece when first seen, slight glandular involvement and a temperature of 102. Five hundred units were injected, this being all I had at the time. It proved sufficient to check the progress of the disease, however, and he made a rapid recovery.

Mrs. H. had extensive membrane on right tonsil and a small patch on left with glandular swelling on right side. Next day I injected 1,000 units, the membrane spread no further and she recovered without any trouble. This patient was nursing an infant six months old at the time and continued doing so and, though no serum was injected, it escaped the disease.

There was no albumen found in the urine of any of these three.

Other six members of the family, ranging from four to eighteen years of age, were each given an injection of 500 units as a prophylactic and all escaped the disease. While there was little doubt as to the nature of the disease from the extensive formation of false membrane, characteristic in color and general appearance, the bleeding surface underneath, glandular involvement, difficult deglutition and foetid breath, rise of temperature and albuminuria in the one case, yet I prepared a swab and sent it to Dr. Bell, Government Bacteriologist at Winnipeg, who planted it twice with negative results. This was contrary to expectations and was explained later in talking with the Doctor by the fact that the swab was prepared a short time after the spray had been used and this had prevented the growth of the bacilli in the culture medium. The Doctor further stated that he had known cases where swabs taken several hours after using a spray had failed to develop any bacilli though they were known to be present.

The serum used in treating the above cases was that prepared by Parke, Davis & Co., of Walkerville, Ontario, and their small, neat, hermetically sealed bulbs not only make it very convenient for carrying but also insure freedom from contamination. The small quantity of fluid containing the dose also saves the patient extra pain when injected.

The two points worthy of special notice in connection with these cases were, first, the immunity which the mother seemed to confer upon the infant she nursed and second, the failure to develop the bacilli in the laboratory from a swab taken after a spray had been used, showing the necessity of preparing the swab from the throat before any application is made in order to insure the test.

Pain in Metritis.

By ERNEST HALL, M.D., Victoria, B.C.

PART II—(TRANSLATION).

IN acute metritis the pain is deep and diffused, vaguely towards the hypogastrium and lumbar region. In the pelvis it may be severe, and is accompanied with vesical and rectal tenesmus. In puerperal metritis the pain is very obscure, and can only be discovered by direct examination. The painful symptoms do not attain to the acute stage until the adnexa, or the peritoneum have become inflamed.

In chronic inflammation of the body of the womb the pain partakes of the nature of uterine colic, which in some recurs frequently, but is generally connected with menstruation. If there be interstitial inflammation with exfoliation of the mucous membrane the pain is more acute and expulsive in character.

In chronic inflammation of the cervix the pain is of two distinct characters: in the lumbar regions, or "kidney pain," as it is sometimes called, caused by tension upon the utero-sacral ligaments which are attached to the cervix, and which in attachment ramify the sensitive filaments of the lumbo sacral plexus; and the continuous pain with each menstrual period when the cervicitis has reached an advanced stage. This pain is due to sclerocystic degeneration. The distension of glandular cysts in the inelastic sclerotic tissue, with the evacuation of the closed cysts, and bursting of the follicles.

In direct examination the body of the womb may be abnormally sensitive, but not often. This must be distinguished from the sensitive uterus so frequently found in hysterical conditions. The finger upon the cervix will locate a painful area over a deeply placed cystic nodule, and reveal a painful depression—an old laceration of the cervix. The sound indicates a pathological sensibility of the canal or of the internal orifice. Traction upon the cervix produces characteristic lumbar pain by causing tension of the utero-sacral ligaments. Centres of infiltration or parametric effusions also cause similar sensations; a direct local examination is the only method of determining their true cause.

C.—PAIN IN RETROVERSION.

Pain in this condition is of different degrees, according to the causes which produce it. If the retroversion is accompanied with unilateral or bilateral inflammation of the adnexa with adhesions, dilata-

tion of the tube or micro-cysts of the ovaries, the pain is that produced by such conditions respectively. If the retroversion is complicated with adhesion of the posterior surface of the uterus to the sacrum, the pain is less acute, but it becomes increased by every attempt at manual reduction or by the aid of the uterine sound. The pain radiates towards the rectum, and is frequently accompanied by painful tenesmus, which particularly manifests itself at the menstrual period, when the bowels are evacuated. It should be noted that the patient often discharges an abundance of debris and exfoliated mucous membrane from the bowel.

When the retroversion is simple we may presume that the pain is due alone to the faulty position of the organ, and the effect of such position upon the neighboring parts. The pain is

1. In the uterus ;
2. At the level of the ligaments ;
3. In the neighboring organs which have been affected.

In the retroverted uterus there is but little pain in the cervix, provided no deep laceration exists with parametric lesion adjoining, whether there exists a recent cervicitis yet in its acute stage, or an old inflammation complicated with sclerocystic degeneration, a condition which invariably causes pain during menstruation. However, the characteristic uterine pain in retroversion is that of an uneasy sensation at the fundus, especially during menstruation. Should the malposition be reduced, this sensation instantly disappears.

The finger of the examiner in contact with the misplaced organ causes pain, increased with congestion of the part, for it is not to be forgotten that the retroverted uterus is always the seat of passive congestion, which causes infiltration of its walls with increase of sensitiveness, particularly at the monthly periods. We must distinguish this manifestation from that produced by the misplacement or prolapse of the ovaries and tubes consequent upon the uterine retroversion. The most characteristic pain caused by examination is that produced by the introduction of the sound. It is manifested the moment the instrument touches the bottom of the cavity, and is increased if any attempt is made towards reduction.

Pain is also present in the lumbar and sacral and inguinal regions, caused by traction upon the filaments of the cervico-sacral plexus. It is increased by walking, fatigue, or any special muscular effort, and decreases, if not disappears altogether, when the patient takes the recumbent position. The neighboring organs which suffer the results of the retroversion, by irritation or by compression, are the bladder and rectum, tension upon the neck and the urethra causing tenesmus

and dysuria and compression of the rectum by the retroverted fundus. The patient experiences a sensation of compression which is difficult to distinguish from that produced by hyprostatic congestion of the fundus. Habitual constipation frequently produces a painful proctitis, with or without desquamation of mucous membrane. This is present when the inflammatory exudation has produced adhesions between the posterior surface of the uterus and the peritoneum of the cul-de-sac. Where there are no rectal adhesions, there may still exist a persistent spasm of the sphincter ani causing tenesmus, which is almost pathognomonic of chronic retroversion.

The adnexa are the seat of painful sensations, also the intestine, where it comes in contact with these parts, for the spasms spread to the utero-ovarian ligaments, to the broad ligaments and muscular structures which become ridged and fixed in an abnormal position.

D.—PAIN IN UTERINE PROLAPSE.

Many of the varieties that we have described in connection with retrodeviation may be found in this condition. How can it be otherwise since retrodeviation is one of the essential stages of prolapse? the uterus cannot descend below a certain level without turning backwards and placing itself in the axis of the outlet of the pelvis, that is the axis of the vagina.

Lumbo-sacral pain is present, caused by the stretching of the utero-lumbar and sacral ligaments. There is also a painful tension towards the sides of the pelvis due to tension upon the broad ligaments. The painful sensations extend to the epigastrium and lower ribs. The general prolapse of the pelvic contents produce ptosis of the abdominal viscera. The relaxation of the abdominal walls, frequent in these cases, aggravate these symptoms. Vesical tenesmus is more frequent and severe than in retrodeviation. We may also mention polyuria. The painful compression of the rectum and tenesmus of the bowel are absent. We may say that in the two conditions, prolapses and retrodeviation, the difference is the following as to the pain: in the former predominance of lumbar pain and vesical troubles, and in the latter predominance of sacral pain and rectal trouble.

E.—PAIN IN TUMORS OF THE UTERUS-CYSTS.

This is a rare condition, if we are to understand by this tumors of a considerable size. The small mucus cysts of the cervix, which have their origin in the glands and rarely exceed the size of a filbert, produce a vague pain difficult to define, similar to that of chronic metritis.

Cancer of the cervix is not at first a painful disease either in the vegetative or ulcerative variety. The pain is modified by the location of the growth. That which has its origin upon the cervix and extends into the vagina is less painful than that which grows from the cervical canal or upon the internal os. It is the invasion of the pericervical zone that marks the beginning of the pain. We may say that this does not really happen until the is invaded, yet a woman may succumb to this disease who has only passed through one short and painful final stage.

Whatever may be the infiltration of the tissues in the first stage of cancer, the pain is very similar to that caused by chronic parametritis. In the latter stage the rectum and bladder becoming infiltrated react as though affected by chronic inflammation. The pain becomes more general and excessive in its paroxysms that nothing can alleviate it; even the nerve trunks are affected as well as the smaller branches, which explains the presence of pain in neighboring organs, upon the abdominal wall, lumbar regions and lower extremities.

Cancer of the body of the uterus is painless in its first stage. It is not until the broad ligaments become infiltrated that pain becomes prominent. The most special characteristic of cancer of the body of the uterus, especially when developed towards the fundus, is the existence of uterine colic appearing as exacerbations of a vague continual pain or sensation of tension. The colic is sometimes caused by painful evacuation of masses of blood clot, or by the slow progression of vegetative masses towards the os internum. The pain in cancer of the fundus does not occupy a prominent part in the symptomatic progression of the disease except in its last stage—the period of infiltration and compression of neighboring parts, when the appendages, bladder, small intestine and mesentery become affected.

F.—PAIN IN UTERINE FIBROIDS.

In this condition the pain is variable, depending upon the location, size and method of evolution of the tumor and also upon the degree of sensitiveness and toleration upon the part of the patient. Fibroids of the cervix are painful, as we would expect knowing the extreme sensitiveness of this part, menstruation is rendered painful. Fibroids of the body of the uterus are less painful, and are frequently not suspected unless hemorrhage, which is their initial symptom, indicates their presence. Should the tumor be located in the horns of the uterus and grow towards the appendage, between the folds of the broad ligaments, the pain may be more appreciable. Also the pain becomes marked when an intramural fibroid grows towards the uterine cavity.

Sometimes the pain partakes of an expulsive character and if the tumor engage the canal the pain resembles the uterine colic. With the exception of the conditions referred to, small fibroids are rarely ever painful. It is different, however, with those of larger volume; when located in the pelvis they harass the patient by interfering with contiguous organs, pressure upon the sacral plexus causing sciatica, etc. When located in the abdomen they are usually painful immediately preceding and during menstruation, resulting from tension and augmentation of their volume owing to the tumor partaking of the periodic pelvic congestion. This pain vanishes with the disappearance of the congestion and the temporary enlargement that the tumor has undergone subsides. Fibroids which develop rapidly are more painful than those of slow growth. In those cases in which the uterus is included in the growth—diffuse myoma—the pain is less than where there are many small tumors within the uterine wall, especially if masses grow towards the adnexa or between the broad ligament folds. The sensibility is increased by the development of cystic or myxomatous degeneration.

There is a period in the development of fibroids which may seriously affect the health of the patient—that which marks the beginning of a pseudo-cahexia. Repeated and exhausting hemorrhages may debilitate the patient to such an extent that life becomes burdensome. The pain may resemble that experienced in pelvic cancer and is exaggerated with each menstruation and notably so by the menopause. After this critical period the pains diminish or disappear for a time or altogether. All causes or influences which moderate or retard the development of fibromata act favorably upon the painful phenomena. In this way these growths may be affected by electricity, salines and quietude. On the contrary any inflammatory complication, salpingo-ovariitis, parametritis, with or without suppuration, may cause a sudden increase of pain.

The Treatment of Phthisis.

BY DR. J. FERGUSON.

*Being the substance of remarks made in the discussion of the above subject
by the staff of the Western Hospital.*

That there are cases of tuberculosis constantly undergoing arrest and cure does not now require proof. This may be taken as admitted. Clinical experience has, on the other hand, more than abundantly proven the great gravity that attends all cases where the tubercle bacilli are found.

The main point to hold closely before one's mind is the importance of an early diagnosis. Every case of the slightest suspicion should be kept under the most vigilant watch, and repeated and thorough search made for the germs. These can sometimes be found long in advance of the physical signs of the disease. One negative examination of the sputum is not sufficient. Several may be necessary to find the germ or to exclude its presence with reasonable safety.

The feeding of consumptive patients is of much moment. The highest possible degree of nutrition should be maintained. If the body weight can be fairly well sustained or increased the course of the disease is usually favorably influenced. Fattening forms of food should be liberally employed. It may be laid down as a general rule that no food should be continued that disagrees with the patient to any extent. Digestion must be carefully studied.

With regard to stimulants it may be said that there are few consumptives that will not be benefited by the judicious use of alcoholics at some time or other in their illness. It must never be forgotten, however, that alcohol sometimes lessens the appetite and impairs digestion. To such it would do harm. In other cases, and they are by far the majority, it improves both. When there is much febrile movement, small quantities, frequently given, of some pure stimulant is of the utmost value.

It is needless at this late day to insist upon the importance of fresh air. This is now being carried to the length of the open air treatment.

Much has been said regarding the value of inhalations. My own opinion is that they are of great value. It would be out of place to cite the many able clinical observers who hold this view. They are very numerous and of very high standing in the profession. My favorite mixture is the one recommended many years ago by Dr. Coghill :

Tr. Iodi. Arthucalis	} aa ʒii.
Acid Carbolicum	
Sp. Vini Rect	

A few drops of this mixture is frequently placed in a light oval respirator. Other similar agents have all had their advocates. To be of use they must be employed faithfully, and over a long period of time. The earlier in the disease the better.

Fourteen or fifteen years ago I called attention to the value of arsenic in phthisis. During the years that have elapsed since, I have had no reason to change my opinion. As a means of arresting tissue waste, it is of undoubted value, especially in young patients.

Generally speaking coughs and night sweats call for attention. Cough mixtures should be avoided as much as possible. It is necessary, however, to do something for the excessive irritative cough of many of these patients, and the preparations of opium must hold first place. By relieving the cough the night sweats are often also greatly modified. For these many remedies have been suggested. My own preference is for some dilute mineral acid, as aromatic sulphuric, or hydrochloric, with small doses of quinine or digitalis or both; or picrotoxine. This latter has on many an occasion given me the utmost satisfaction.

Frequently we are called upon to treat hæmoptysis. My own practice has been to rely almost entirely on the following measures. The head of the bedstead is elevated some. This may be considerable in severe cases. A hypodermic of morphine, of sufficient amount to color the system, more particularly the circulation. Then the administration of frequent doses of a saturated solution of magnesium sulphate until the bowels move freely. Lastly, the placing round the arms and legs elastic bands to lessen the pressure on the internal vessels, is an agent of much importance.

Preparations of iron, especially the alkaline hypophosphites, have always held a high place, with experienced clinicians.

For some years past, a vast amount has been written and said upon the use of creosote and its allies. For my own part I have satisfied myself that they are of undoubted value. Where some have been disappointed is in the fact that they expected too much from them.

Then comes Cod liver oil. Care must be taken not to over do a good thing and induce indigestion through its excessive use. I have found the combination of iron, creosote and Cod liver oil, as emulsified in Ferrol, a very satisfactory means of administering these agents.

I have not attempted to cover all of the other phases of the disease. One thing I might state, however, is that in my opinion quinine and some mineral acid holds first place in the management of the fever.

Editorials.

The Treatment of Diseases of the Stomach.

This was one of the topics discussed in the Section of Therapeutics at the Edinburgh meeting of the British Medical Association (B. M. J., Oct. 29).

Dr. George Herschell opened the discussion. The principal therapeutic agents employed in the treatment of diseases are electricity, massage, hydrotherapeutics, lavage, the gyromele of Turck, and drugs, acting either chemically or in the muscular coats of the organ. With regard to electricity, though there is considerable diversity of opinion, yet the clinical experience at the present day is overwhelmingly on the side that this is a very valuable agent in the treatment of atonic conditions of the digestive organs. The speaker's experience was in favor of the continuous current to the solar plexus and to the ganglia of the sympathetic vagi in the neck.

Massage of the stomach has also its opponents and its advocates ; but the best testimony seems to favor its employment. Massage may be used on an empty stomach before breakfast to strengthen the muscular power ; or three or four hours after meals to assist in mixing its contents, and in expelling its contents. The indications for massage would be found in the disturbance of the motor function, in atony, in a moderate degree of stenosis, in chronic gastritis with defective secretion, in gastropnoia, and in certain cases of nervous inhibition of peristaltic action.

Lavage is another means of treating atony of the stomach, which often yields good results. Dr. Herschell spoke highly of the benefit to be gained by using hot and cold water alternately. He was of the opinion that a double channel stomach tube, giving an in-and-out flow at the same time was of much assistance in the treatment of these cases. It was also an improvement to have a small bulb in the end of the afferent tube, carrying a number of small holes, by which the flow is converted into a spray.

Under the head of dietetics two very important problems came before us for solution. The first of these is where there is an excess of hydrochloric acid formed, and a good deal of pain in the stomach. A meat diet uses up a large amount of acid during its digestion ; and would thus appear to be a suitable food. But, while it carries the acid secreted, it also stimulates to further free secretion, so that the

result is injurious. The best diet is carbohydrates, partially dextrinised, and neutralize the excess acidity by large doses of alkalies. The second problem under dietetics is the advisability of giving predigested food. It is quite useless to employ peptonized albumins so long as the motor power of the stomach is normal. In cases of excessive stomach acidity, where the salivary ferment is at once destroyed, we can give the patient abundance of carbohydrates, if we also order alkalies and Taka diastase.

The next topic discussed by Dr. Herschell was the drug treatment of stomach diseases. Under this heading three main points were raised: The action of drugs in lessening the secretion of hydrochloric acid, in promoting the flow of gastric juice and in arresting fermentation.

With regard to the excessive secretion of hydrochloric acid, it must be borne in mind that there is sometimes an absolute increase in the amount of secreting gland tissue. In such cases no drug can do any good, and we must rely upon a bland diet. In neuratic cases of hyperchlorhydria, we can do something by the help of medicines. The one that has given Dr. Herschell most satisfaction is tannin in some form. Lavage is useful, using 1 per cent. solution Sodium Carbonate, followed by one-half per cent. solution of tannin.

In the opposite cases of deficient secretion of hydrochloric acid, the best remedy is the administration of the dilute acid. But it should usually be given in much larger doses than is the custom, a drachm or so being quite harmless. Strychnia is useful in this connection. The notion that the formation of hydrochloric acid can be increased by giving an alkali before meals, is a myth.

The third use of drugs, to prevent fermentation, has been much abused. There is really no drug that can be given for this purpose. The antiseptic of the stomach is its own hydrochloric acid. When the motor power of the stomach is poor, and food lies too long undigested, there may be fermentation. Means should be taken to increase the peristaltic action of the organ. When the administration of hydrochloric acid, and the regulation of the diet do not control gastric fermentation, wash out the stomach sufficiently often to keep the patient comfortable.

DR. J. N. E. BROWN, lately of this city, safely arrived in Dawson. Among the Toronto men who are in practice in the Yukon district and doing well are Drs. Gus Richardson and Arthur Sutherland.

The Practitioner and Review.

SINCE announcing last month the consolidation of these journals we have received many letters referring to the matter, and in a general way would say, in answer, that the policy of the management will be to try and have the "make up" of the Journal in every way of such a character as to be acceptable to all reasonable and moderate physicians. The subscription price will be two dollars a year; and we fully expect the present subscribers to the REVIEW to continue on the mailing sheet as subscribers to the amalgamated journal. The Editorial staff is large. On the list are the following well-known workers: Editors—Drs. A. H. Wright, W. H. B. Aikins, E. E. King. Associates—Drs. J. E. Graham, J. Ferguson, Thos. F. McMahon, Allen M. Baines, Herbert A. Bruce, L. M. Sweetman, J. F. W. Ross, Albert A. Macdonald, John Caven, Graham Chambers, G. Sterling Ryerson, William Oldright, R. W. Bruce Smith, Price Brown, W. J. Greig, H. J. Hamilton, H. T. Machell. It is anticipated that other well-known men will join the staff and assist in the work.

From the collection of letters we publish a "gem" received by the Editor of the PRACTITIONER. It speaks for itself.

BALTIMORE, *November 22nd, 1898.*

DEAR MR. EDITOR,—Why, in Minerva's name, can you not fuse the two Journals without adding to the title! It is a shocking aggravation to libraries to change their cards, etc.; moreover, it spoils the set, and is a general worry to everybody. Why should not the MEDICAL REVIEW, which is the junior Journal, die peacefully and quietly? Journals die daily and nobody minds, so long as the Editor (if he is a good fellow) does not die with it. Do think the matter over, and on the 1st of January let the *Practitioner* appear as Volume XXV., *with its old name*. Then remember, Mr. Editor, this will not be the first offence. The *Practitioner* was formerly the *Canadian Journal of Medical Science*, started by my dear old friend "Dic" Zimmerman. Would you add sin to sin? Do, Mr. Editors—I appeal to you both—talk the matter over (after dinner) like sensible fellows, and adopt the plan best adapted to the interests of the profession and to medical journalism—take the Editor of the REVIEW (and make him work hard), but drop the name.

Very truly yours,

WM. OSLER.

(A reader of twenty-four years.)

DR. J. CAMPBELL, formerly of Seaforth, is now located at 669 Leonard Street, Brooklyn, N.Y. It will be a pleasure for his very many friends in Canada to learn that he is prospering greatly.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—The degree D.M. (Doctor of Magnetics) issued by "College of Fine Forces" (course can be taken at home so stated), formerly "New York College of Magnetics," is given by said College, of which E. D. Barrett, M.D., LL.D., No. 253, South Broadway, Los Angeles, California, is the Dean. The announcement appears in *Medical Liberty News*, a Chicago Journal devoted to opposition to Boards of Health, the regular practice and vaccination, yet advertises the "Independent Medical College," run by the Editor (J. H. Randall, Ph.D., M.D., and others) at the People's Institute. This school teaches, so stated, the principles of "Osteopathy" and "Physico-Medical Science," giving "lectures by correspondence," and gives on page 1543 *Medical Brief*, October, 1898, the affixed advertisement :

Justice to Successful Practitioners and Students.

Undergraduate practitioners furnishing sworn statements from county officers, certifying they have practised medicine successfully for years, can have the degree of M.D. lawfully conferred at home, without attendance (from legally chartered Medical College).

Students attending, graduated when competent, independent of time. Graduation in Dentistry same basis. For particulars address, Lock Box 590, Chicago.

And is affording Dr. Egan, Secretary of the Illinois Board of Health, very much trouble.

Query No. 1. Are graduates (?) of such institutions subscribers or contributors to medical journals or the testimonial givers to such preparations, whose advertisements appear in such journals, of which the editors are apparently too willing to praise when treatments are asked ?

The low ebb of medical legislation is well established by the enclosed printed letter of "Dr. Diamond Dick," the assumed name of Richard J. Tanner, M.D., evidently a graduate, who is at Lincoln, Nebraska, fighting for registration in said State. The letter is worthy of publication and is hereto attached, as it speaks for itself as evidence of scholarship (?) and the "liberty" which certain medical journals apparently encourage. The "*Docs*" and street fakirs, razor paste

and life-saving oil vendors will not be knocked out by "Independent Medical College," it would appear.

"*O cives, cives, quaerenda pecunia primum ; virtus post mummos*," said Horace. And another query is: Why are such institutions allowed a charter and to give their degrees on such terms as advertised? Is there not such a liberty being mildly exercised and prayed for by some of our own people and institutions?

October 17th, 1898.

MEDICUS.

The University Medical Professoriate.

To the Editor of the CANADIAN MEDICAL REVIEW :

It may be well to remind the medical profession of the country, who no doubt, take a considerable interest in the medical affairs of the Provincial University, that the present staff of teachers and lecturers hold their appointments during pleasure.

This is as it ought to be. No man should be placed in any public institution under such conditions as would make him feel practically independent of all control or influence.

There are several ways in which a member of the staff may become useless or dangerous. In either of these cases it is absolutely necessary to rid the institution of his services.

One of the ways by which a teacher loses his usefulness is through age or ill-health. In such cases his own good sense almost always brings the needed remedy by his tendering his resignation.

But there are two other ways by which a teacher's usefulness is destroyed, inattention to work and disagreeable meddlesomeness. Very rarely, indeed, in either of these cases, would a voluntary resignation relieve the institution of the cumbersome member. Such persons usually belong to the barnacle class, and cling on.

It is well that there should exist some power to deal with these ; and that this power should be called into operation from time to time. From what the writer can gather from well-informed circles, this power may have to be exercised in the case of the Medical Faculty of the University of Toronto. It is quite possible that some may destroy their usefulness by inefficiency or inattention to the work or by indulging in acrimonious agitation. Constant agitation in an institution, like the proverbial drop of water on the rock, will wear it down, *non vi, sed saepe cadendo*.

Toronto, Nov. 28th, 1898.

VERITAS.

The Defence Association.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—It is not my intention to say much about the Defence Association. It is able to take care of itself in the future, as it has shown itself able to do in the past.

One strong evidence of the fact that the actions of this Association have met with general endorsement is that nearly all the Defence men are being returned by acclamation.

The effort of the Defence Association to disqualify some bodies, from having representation in the Council, is certainly praiseworthy. There is no reason why the Toronto School of Medicine, Victoria University, or Queen's University should enjoy this privilege, when they are not now teaching bodies.

It is to be hoped that this Association will continue until all the abuses of the past are removed.

London, Nov. 21st.

OBSERVER.

Selections.

The Operative Treatment of Jacksonian Epilepsy.

BRAUN, of Göttingen, reviews a subject which some years since occupied much time in the proceedings of medical societies and much space in the periodicals, by the publication of a case of severe Jacksonian epilepsy, which was not merely relieved by operation, but which was cured and was still well seven years after the time of the report. As a result of the discussion as to the value of the operative treatment of the affection, the profession at large gathered the impression that the permanent cures were few, if any; that a minor operation, such as trephining, was as likely to be followed by marked betterment as a major one, such as excision of a portion of the cortex; that even when there were distinct lesions, such as cysts or cicatrices or depressed bony fragments, the ultimate prognosis was bad; that even of the ultimate history of the reported cured cases procured few, if any, would be shown to have been permanently relieved of their epileptic attacks.

Braun's case was that of a man twenty-four years old, who suffered from a head injury of the right side in his twelfth year so severe as to produce immediate paresis of the left upper and lower extremity.

Four years later epileptic seizures developed, beginning in the left thumb, then involving the arm, later the leg, not accompanied by loss of consciousness. Two years later the convulsions had become more severe, and during them the patient was unconscious. At the first operation, performed in 1889, depressed bone was raised and the contents of a cyst were evacuated. The extreme tenderness on pressure from which the patient had complained was relieved, but his epileptic seizures were not. Three months later a second operation was performed, having for its object the removal of the thickened tissues overlying the motor centre for the hand. This also failed of its object. Eight months later the patient was operated on for the third time, the cortical centre presiding over the movements of the left hand being extirpated. With the exception of a few light seizures immediately following intervention, the patient after this remained entirely free from epileptic attacks.

Braun has collected fourteen cases in which the motor centre found by electrical stimulation was excised. In four of these there was no improvement, five were distinctly bettered, five were reported as cured ; but none of these, with the exception of the one reported by Braun, had been under observation for more than fourteen months, hence the cure cannot be justly claimed, since recurrence of convulsions may occur after two or even after three years. Of five cases in which the centre was found by its anatomical position and excised, one failed utterly ; the other three were not under observation for even six months. A combined statistical study of the cases in which the centre as located by electricity was excised, of those in which it was anatomically placed, and of those in which portions of the brain substance in the region of the Rolandic fissure underlying the seat of an old tumor were removed, shows that of thirty cases nine were improved and thirteen cured, but that only three of these thirteen cases had been under observation for more than three years. This is not a satisfactory showing, but it may be in part due to imperfect technique. Thus, theoretically, cure can only be expected by the accurate and complete removal of a specific centre. This can only be found by the electrical current ; one too strong will by diffusion confuse, one too weak will not produce peripheral motion. Braun commends a current of such strength that it is perceptible to the moistened finger and is slightly painful to the tongue ; it should not produce motion through the dura. Muscular contractures may be absent when the brain at the point of contact is profoundly altered, or when it has been irritated by strong antiseptic fluids, or when it has been chilled by long exposure, or when it is profoundly anemic ; possibly also in profound narcosis.

The electrode employed is of platinum, two points separated by an interval of about four millimeters. Unless the electrical localization is employed it is quite impossible accurately to place the desired centre, and that this has not been done in many operations is shown by the fact that immediate local palsy is not noted in the reports.

A critical review of published cases seems to show that the popular belief as to the ultimate development of an epileptic status which becomes so confirmed that it cannot be cured or even benefited by excision of the original focus of irritation is not well founded, long-standing cases often exhibiting more marked improvement than those of short duration.

In a tabulation of cases of Jacksonian epilepsy treated by partial operation—*i.e.*, those other than excision of a portion of the brain substance—twenty-three cases are noted as cured out of fifty-seven operated on; but of these twenty-three cases it is to be noted that only three had been under observation for more than three years. In so far as the reports of cases are convincing, they show that the results are much better when the trephine is applied over the wound area than they are when the seat of operation is selected because of its marked anatomical relation with the affected brain centre. Among the severe cases in which the dura was not opened, one was definitely cured, the patient having remained free of fits for seven years. The best results were obtained when the bone was either so thickened or depressed that it apparently produced local pressure effects. There was marked improvement in every one of these cases.

Among the eighty-seven collected cases, Braun finds that the epileptic seizures began by facial twitching in eighteen, by movements of the upper extremity in forty-seven—in twenty-three of these latter by thumb twitchings.

Although this paper of Braun's cannot lead to any definite conclusion, it at least shows that operative cure of Jacksonian epilepsy, though extremely rare, is possible, and also that in cases characterized by bone depression or thickening marked improvement may confidently be expected.

Braun's advice as to the method of procedure certainly commends itself as conservative and sensible. He suggests that when the focal epilepsy has followed a circumscribed skull wound the first operation should be confined to the bone or the bone and dura. Should this fail the more dangerous and more radical procedure—*i.e.*, the excision of the motor centre as indicated by the electrical reaction—may be undertaken, the cutting being carried sufficiently wide and to a depth of five millimeters; or when there is a deep depression or a spot exceed-

ingly tender to pressure not placed near the anatomical position of the affected centre, the trephine should first be applied over the seat of lesion without regard to the centre. If no improvement follows the centre may be sought later. When there has been a very extensive wound the trephine should be applied over the involved centre.—*The Therapeutic Gazette.*

WHEN MAY WOMEN WITH HEART DISEASE, MARRY?—Dr. Kisch (*Therapeutische Monatshefte*) says the chief points to be considered are : (1) the kind of heart disease ; (2) its duration ; (3) the presence or absence of compensation ; (4) the general health ; (5) the social position of patients. (a) They may marry if the disease is not of long standing, compensation is good, and the general health not undermined. They will have during pregnancy, and still more during and for a time after delivery, many troubles due to their heart, but in by far the greater number of cases there will be no danger of life. This applies to well-compensated mitral regurgitation and stenosis, aortic regurgitation, fairly marked sequelæ of pericarditis, and to muscular degeneration if not too far advanced. The patients must also be in a position to spare themselves bodily exertion as much as possible during pregnancy, to avoid mental excitement, and to have constant medical supervision. (b) The prognosis is not so good if the patients are very anæmic or nervous, or advanced in years, or if the valvular disease is congenital or acquired in childhood. In these cases the physician should advise against marriage, or at any rate point out that the disease will almost certainly become worse after marriage. (c) Marriage is to be absolutely forbidden as dangerous to life when compensation is failing or when there is advanced muscular degeneration. In all cases in which there are dyspnœa, palpitation, and quickened pulse on slight exertion, or marked œdema not disappearing after rest in bed ; when there are a tendency to arrhythmia, scanty urine with albumin, and attacks of irregular small pulse, coldness of the extremities, nausea, dyspnœa, syncope, etc., marriage is dangerous, whether the cause of the symptoms be valvular disease, diseased arteries, or impaired cardiac muscle. Even those for whom marriage is allowable must follow certain rules strictly : (1) Coitus must not be frequent, and must be continued to the end of the organism ; otherwise reflex heart troubles and depression result. (2) They must not have more than one or two children, as with every pregnancy the strength of a diseased heart diminishes in geometrical progression. If this rule is followed, induction of premature labor will be seldom necessary ; and luckily so, since, when it is, the results are very unfavorable.—*Med. Record.*

Book Notices.

Physician's Visiting List for 1899. P. Blakestone's Son & Co., 1012 Walnut Street, Philadelphia.

This visiting list is now in its forty-eighth year. This is good proof of its usefulness. The arrangement is very convenient. It contains tables of signs, metric system, converting apothecaries' weights and measures into grains, doses, of dates of pregnancy, and excellent information on asphyxia and apnœa. Sections of the book are devoted to visits, obstetric engagements, cash memoranda, special items, etc. For twenty-five patients, \$1.00; for fifty patients, \$1.25. The book is a model of neatness and completeness.

Modern Gynecology, a Treatise on Diseases of Women, Comprising the results of the latest investigations, and treatment in this branch of Medical Science. By CHARLES H. BUSHONG, M.D., Assistant Gynecologist to the Demilt Dispensary, New York, formerly Attending Physician to the Northern Dispensary, New York. E. B. Treat & Co., 241 West 23rd Street, New York, Publishers.

This little work has come to us in its second edition, enlarged, revised and brought thoroughly up to date. The aim of the work is to be a guide for the use of the general practitioner, and I feel that the author has fulfilled his task faithfully. His descriptions are short and to the point, the illustrations are clear and are such as can readily be understood by one who has only a limited amount of time. This is very important when we consider that the work is for the general practitioner, who wants to know "what to do and how to do it" in the shortest time possible. In the opening chapter on examinations there are many useful hints and suggestions.

In the second chapter in the treatment of non-parous married women by galvanism, we think that a little more definite directions might be given as to dosage, etc. This could be done without lengthening the chapter. In chapter eight in dealing with vaginismus the methods mentioned are often sufficient, the fact that operation is sometimes necessary and satisfactory might have been mentioned.

GNORRHEAL VAGINITIS.—It seems as if ninety-five per cent. of all the men in the community is a very high estimate of the proportion of those who, at some time during their lives may have had gonorrhœa. Whatever the proportion may be it is well shown that the general practitioner should be ever on the alert for such infection in the

vagina. The general treatment advised is efficient when combined with the all-important local treatment so carefully outlined. On the whole the plan of the book is well thought out, and though there are a few places in which the directions might be more full, as a rule they are quite enough for a work of its scope, and it will be found a safe guide for those who require something for ready reference.

The publishers, Messrs. E. B. Treat & Co., have done their work well, the paper is good, the letterpress clear and the illustrations ample. On the whole the work is one which may well rank with the first of its kind and it will be found that a vast amount of good will emanate from it.

Practical Uranalysis and Urinary Diagnosis: A Manual for the Use of Physicians, Surgeons and Students. By CHARLES W. PURDY, M.D., LL.D., (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms and Treatment." Fourth Revised Edition. With Numerous Illustrations, including Photo-engravings and Colored Plates. In one Crown Octavo Volume, 365 pages, bound in Extra Cloth, \$2.50 net. The F. A. Davies Co., Publishers, 1314-16 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill. For sale in Great Britain by Sampson Low, Marston Co., St. Dunstan's House, Fleet Street, London, E.C.

We had the pleasure of reviewing a former edition of this work. What we then said needs but to be repeated, with the additional remark that the author has spared no pains to keep this work up to date. The book is an ideal one in every way; and there are very few to whose pages the practitioner will more frequently turn than to this one. We most cordially recommend it to all, feeling certain that none will be disappointed.

A Primer of Psychology and Mental Disease for Use in Training-Schools for Attendants and Nurses and in Medical Classes. By C. B. BURR, M.D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, etc. Second Edition thoroughly revised, 5½ x 7¾ inches. Pages ix-116. Extra Cloth, \$1.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill. For sale in Great Britain by Sampson Low, Marston & Co., St. Dunstan's House, Fleet Street, E. C., London, Eng.

This is a small book with a great deal of useful matter in it. The reviewer has read it carefully throughout, and can testify with pleasure to the care with which this work has been prepared. The directions for the management of the insane, are very well stated; and the leading varieties very clearly defined. It does not pretend to be a treatise; but it is an excellent resumé.

Miscellaneous.

Postponement of the Third Pan-American Medical Congress.

CINCINNATI, Nov. 5th, 1898.

MY DEAR SIR,—I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, Chairman of the Committee on Organization of the III Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at hand:

Caracas, September 25, 1898.

DR. CHARLES A. L. REED,

Secretary of the International Executive Commission, Cincinnati, Ohio.

DEAR SIR,—After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by small-pox which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities as war and epidemic would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our Government and this Commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear Doctor,

Yours respectfully, THE PRESIDENT.

[Signed] DR. JOSE MANUEL DE LOS RIOS.

In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III Pan-American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive Commission.

CHARLES A. L. REED, *Secretary.*

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THE INCREASE OF SPECIALISM.—The *Druggist's Circular* for October quotes the following from the *Chicago News*: Old M.D.: "Are you having much practice?" Young M.D.: "Yes, quite a good deal, thank you." Old M.D.: "Ah! I'm glad to hear it. Are you making a specialty of any particular thing?" Young M.D.: "Yes, indeed. About nine-tenths of my time is devoted to the practice of economy."—*N. Y. Med. Jour.*

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IN LARYNGEAL OR WINTER COUGHS.—Dr. Walter M. Fleming (*Journal of Nervous and Mental Disease*) says, that in acute attacks of laryngeal or winter cough, tickling and irritability of larynx, Antikamnia and Codeine Tablets are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take a five grain tablet, containing  $4\frac{3}{4}$  grains Antikamnia and  $\frac{1}{4}$  grain Sulphate Codeine, an hour before retiring and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth, swallowing the saliva. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail in the morning or at midday, the same course of administration should be observed until subdued.—In neuralgia, in short, for the multitude of nervous ailments, he doubts if there is another remedial agent so reliable, serviceable and satisfactory, and this, without establishing an exaction, requirement or habit in the system, as morphine does.—*The New York Medical Journal*.



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# Fellows' Hypophosphites.

(SYR. HYPOPHOS. COMP. FELLOWS.)

## To the Medical Profession :

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

## PECULIAR MERITS.

- 1st. Unique harmony of ingredients suitable to the requirements of diseased blood.
- 2nd. Slightly Alkaline reaction, rendering it acceptable to almost every stomach.
- 3rd. Its agreeable flavor and convenient form as a Syrup.
- 4th. Its harmlessness under prolonged use.
- 5th. Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

## GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

SANMETTO IN URETHRAL AND BLADDER DISEASES.—IN PROSENILITY AND ENLARGED PROSTATE.—In nearly thirty years' practice I have never written to the proprietors of any medicine extolling its virtues, but after some years' constant use of Sanmetto I can but say it is my sheet anchor in all urethral and bladder diseases. In pro-senility it has no equal. Have recently used it in two cases of enlarged prostate, with marked benefit in both cases.

Berkeley Springs, W. Va.

GEORGE E. GILPIN, M.D.

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A MARRIAGE in which pregnancy is habitually either prevented or interrupted is one from which the strongest tie that binds together husband and wife is absent ; in which worldly pleasures, which soon pall, are preferred to duties which if accepted and faithfully discharged, add greater interest and delight to life than anything else : in which love often waxes cold, and old age becomes a dreary solitude. The husband very possibly sets up an establishment somewhere else, and the wife, as a great novelist puts it, "relapses upon religion and little dogs." The Hebrew Poet-King was right when he said, "Happy is the man that hath his quiver full of them ; he shall not be afraid of his enemies in the gate."—*British Medical Journal*.

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1899 COLUMBIA CALENDAR.—The Pope Manufacturing Co., of Hartford, Conn., has issued the Columbia Desk-pad Calendar for 1899. This handy reminder has been for years one of the most pleasing of special advertising features. We note that the new calendar is very similar in design and make-up to the 1898 calendar, although it has more artistic covers and is more profusely illustrated. Any person may obtain a copy by applying to the nearest Columbia dealer or by sending five two-cent stamps to the Calendar Department, Pope Mfg. Co., Hartford Conn.

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MONTREAL, November, 1898.

MESSRS. DAVIS & LAWRENCE CO.

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(Signed)

W. B. BURLAND, M.D.

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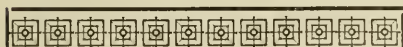
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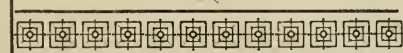
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## Antitoxin in Ophthalmic Practice.

BY GEO. H. POWERS, M.D.,

*Professor of Ophthalmology, Otology, Rhinology and Laryngology. Medical Department, University of California.*

MARCH 18th, 1898, I was consulted by a patient from the country who had extensive granular conjunctivitis, vascular keratitis and corneal ulcers in both eyes. She was anæmic and debilitated. Commencing with the usual treatment, local and general, employed Knapp's forceps in expressing the contents of the granulations on the 22nd; improvement in general condition continued till the 29th, when the upper lid of the left eye was markedly swollen, a thick pus exuded from the lids, and on everting the upper lid it was found stiff and covered with a diphtheritic looking membrane; on the 30th, the right eye was similarly effected and the left one worse; on the 31st, both corneæ showed signs of softening, and the situation was very alarming. As no such case had occurred in my practice for several years, I had not at first thought of the use of Antitoxin, but as soon as the idea occurred to my mind, I immediately obtained and injected in the thigh nearly 500 c.c. of Parke, Davis & Co.'s anti-diphtheritic serum, about 3 p.m. of the 31st of March. On the next morning the membrane and also the purulent secretion had disappeared and did not return, a happy result which I am sure can be safely credited to the antitoxin.

Unfortunately, the corneæ were so greatly affected already that a central leucoma resulted in each, and a small anterior synechia in the left eye. The trachoma was nearly cured (by the antitoxin or by the purulent inflammation?) and the opacities have gradually cleared away to a considerable degree. The patient was not conscious of exposure to diphtheria at any time or place, and had no constitutional symptoms.

I greatly regret that I had no bacteriological examination of the membrane which formed on the conjunctive, but its appearance was very characteristic. I should offer apologies to the Chairman of the Committee of the State Medical Society to whom I had reported having had no use for antitoxin in my practice, except that this case occurred so long after I had made answer.

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IT IS acceptable to those patients in whom the plain Cod Liver Oil is indicated, but to whom it is nauseating, and by whom it cannot be borne.

**This Preparation** is especially adapted to cases where the patient is unable to digest the Oil, as it may be taken for a considerable time without deranging the stomach.

### **Many Patients Cannot Take the Plain Oil.**

- 1st. BECAUSE of its fishy odor.
- 2nd. BECAUSE it upsets the stomach.
- 3rd. BECAUSE it will not digest.
- 4th. BECAUSE it regurgitates.

### **This Preparation Overcomes all Objections to the Use of the Plain Oil.**

- 1st. BECAUSE it has no fishy odor, and does not nauseate.
- 2nd. BECAUSE it is palatable.
- 3rd. BECAUSE it is easily digested.
- 4th. BECAUSE it is well borne by the stomach.
- 5th. BECAUSE it has the fattening and nutritive properties of the Plain Oil.

We confidently ask Physicians to give SHUTTLEWORTH'S AROMATIC WINE OF COD LIVER OIL AND IRON, with its other combinations (where indicated) a CLINICAL TEST, and we feel sure that all we claim for it will be established.

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